



SELECT BOARD CALENDAR II

(additional interview candidate)

03/08/2022 | REMOTE MEETING

Please click this URL to Register & Find the Information to Join as an Attendee via your Confirmation Email:

https://brooklinema.zoomgov.com/webinar/register/WN_jlLGajtxTQ2lPyH6iSM44w

- Heather A. Hamilton – Chair
- Raul Fernandez – Vice Chair
- Bernard W. Greene
- John VanScoyoc
- Miriam Aschkenasy
- Melvin A. Kleckner – Town Administrator

To Join by Phone: +1 646 828 7666

Webinar ID: 161 347 7679

To Watch and Comment:
BrooklineInteractive.org/live

1. **ANNOUNCEMENTS/UPDATES**
6:00 PM Select Board to announce recent and/or upcoming Events of Community Interest.
2. **PUBLIC COMMENT**
Public Comment period for citizens who requested to speak to the Board regarding Town issues not on the Calendar.
Up to fifteen minutes for public comment shall be scheduled each meeting. Persons wishing to speak may sign up in advance beginning on the Friday preceding the meeting or may sign up in person at the meeting. Speakers will be taken up in the order they sign up. Advance registration is available by calling the Select Board's office at 617-730-2202 or by e-mail at kmacgillivray@brooklinema.gov. The full Policy on Public Comment is available at <http://www.brooklinema.gov/376/Meeting-Policies>
3. **MISCELLANEOUS**
Approval of miscellaneous items, licenses, vouchers, and contracts.
 - 3.A. Question of approving the meeting minutes from March 1, 2022.
 - 3.B. Question of accepting the FY 2022 Student Awareness of Fire Education and Senior SAFE grants from the Executive Office of Public Safety and Security Department of Fire Services in the amount of \$11,030.
 - 3.C. Question of accepting grant funds from the Brookline Community Foundation to Brookline's MLK Celebration Committee to be appropriated into account 52005200 524010 in the amount of \$1,300.
 - 3.D. Question of approving the request by the Boston Athletic Association to hold a portion of the 2022 B.A.A. Half Marathon in Brookline on Sunday, November 13, 2022.

- 3.E. **Question of approving a Temporary Wine and Malt Beverages Non-Sales License to The Larz Anderson Auto Museum to be held on Thursday, March 10, 2022 for a Corporate Cocktail Reception from 4:00PM – 7:00PM at 15 Newton Street. 100 people are expected to attend.**

4. **CALENDAR**
Review and potential vote on Calendar Items

5. **REMOTE MEETING POLICY**

Question of approving the updated remote meeting policy for public bodies.

6. **BOARDS AND COMMISSIONS - INTERVIEWS**

The following candidates for appointment/reappointment to Boards and Commissions will appear for interview:

Zoning Board of Appeals
Saul Feldman

Advisory Council on Public Health
Andy Epstein

7. **NEW ELECTION EQUIPMENT**

Question of approving the usage of the DS200 Precinct Scanner and Tabulator, and discontinuing the AccuVote Ballot Scanning and Tabulation voting equipment.

8. **DEPARTMENTAL BUDGET REVIEWS**

Review of the FY23 Departmental Budgets for the Office of the Town Clerk, Town Counsel, and the Recreation Department.

9. **BOARDS AND COMMISSIONS - APPOINTMENTS**

The following appointment/reappointment to Boards and Commissions:

Advisory Council on Public Health
Walnut Hills Cemetery Trustees

The Town of Brookline does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities. The Town of Brookline does not discriminate on the basis of disability in its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act (ADA) and by Section 504 of the Rehabilitation Act of 1973. Questions, complaints, or requests for additional information may be sent to Sarah Kaplan, Community Relations Specialist and ADA / Section 504 Coordinator. Persons with disabilities who need either auxiliary aids and services for effective communication, written materials in alternative formats, or reasonable modifications in

policies and procedures in order to access programs and activities of the Town of Brookline are invited to make their needs and preferences known to the ADA Coordinator. This notice is available in alternative formats from the ADA Coordinator.



MINUTES

SELECT BOARD

03/01/2022

5:00 PM VIA ZOOM

Present: Select Board Member, Heather Hamilton, Select Board Member, Bernard W. Greene, Select Board Member Raul Fernandez, Select Board Member John VanScoyoc, Select Board Member Miriam Aschkenasy

OPEN SESSION

Question of entering into Executive Session for the reasons described in items 2 and 3.

Chair Hamilton declared that the board shall enter into executive session to discuss strategy with respect to collective bargaining because an open meeting may have a detrimental effect on the bargaining or litigating position of the public body and to review/approve minutes. The board will reconvene in open session.

On motion it was,

Voted to enter into executive session.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

EXECUTIVE SESSION - COLLECTIVE BARGAINING

For the purpose of discussing strategy related to collective bargaining with the AFSCME union.

EXECUTIVE SESSION - EXECUTIVE SESSION MINUTES

Question of approving the Executive Session meeting minutes from February 8, 2022. *Held*

ANNOUNCEMENTS/UPDATES

Town Administrator Kleckner introduced Sigalle Reiss, Director of Public Health. Ms. Reiss provided a brief update on the Covid virus.

- Community levels- low risk levels in Norfolk County
- Wastewater tracking – peaked now flattened out
- Hospitalizations – decreasing
- Brookline vaccination rates 77% of residents are fully vaccinated, very good
- Boston may be lifting their mask mandate March 5, 2022

Board member Greene spoke in support of the people of Ukraine on humanitarian grounds and added that Russian President Putin's goals are to undermine democracy across the globe, a problem we all have to face. An injury to one is an injury to all. He also spoke on his concerns related to the disparity report urging support

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for a social services division; instead, he supports building upon the current department of public health and using our current infrastructure instead of adding a new bureaucracy to manage through.

Board member VanScoyoc spoke on the US Open and the positive efforts the committee is making to highlight the importance of climate change and acknowledging Brookline's commitment to a net zero emissions. Thank you to the Country Club for allocating funds in the amount of \$100k to support green initiatives.

Congratulations to Advisory Committee member Donelle O'Neil for being named the 2022 Black Excellence on the Hill honoree by the MA Black and Latino Legislative Caucus.

Please continue to be vigilant in fighting the Covid virus; it is still out there.

The Transportation Board will hold forum on livable streets Thursday at 6:30pm via zoom.

PUBLIC COMMENT

- Emy Takinami spoke TMM10 asked for clarification related to last year's Task Force for Reimagining Policing recommendations to the Select Board to develop a community based model based on the CAHOOTS program; nothing has materialized. Why so little movement on this important issue. *Mr. Kleckner will review and respond.*
- Pat Maher spoke as member of Build a Better Brookline and on the impact of inadequate housing and the benefits of quality housing, as they intersect with public health. Most housing in Brookline is not affordable and inequitable. More affordable housing is needed and climate change improvements added to current housing.
- Chi Chi Wu TMM7 spoke as a proponent of the language access article passed by Town Meeting. This initiative requires a coordinator, a plan and services. The budget does not reflect this. A consultant was hired, but there is pain in the community now and she urged funding for the language access coordinator and language assess expansion in the community.
- Ruthanne Snieder spoke on the charge related to the 10 Brookline Place committee. She asked that the developer add a 3D model to be placed in Town Hall so those with language barriers and those with difficulties access documents online are able to review the proposals for the project. A model speaks everybody's language
- Tracie Burns read a letter submitted to the TAB newspaper asking the Select Board to ensure that the next town administrator is climate focused. Climate mitigation and resilient practices must be supported.
- Al Raine urged the board to consider housing improvements for the use of ARPA funds. Housing improvements will also help support local businesses, public transit and the community and neighborhoods.
- Marty Rosenthal spoke on the town counsel appointment. He request a pause on this. He praised the works of First Associate Patty Correa and feels this important positon should be a Brookline resident will familiarity with the town. He feels the process was not transparent enough.
- Emma Nash spoke in support of Emy's questions. The working group related to CAHOOTS has been inactive and clarity is need as to why.

MISCELLANEOUS

Question of approving the meeting minutes from February 22, 2022.

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On motion it was,

Voted to approve the minutes from February 22, 2022

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc

Abstained: Miriam Aschkenasy

SPECIAL PERMIT

Question of granting a special permit to DMSE Sports for the Jimmy Fund Walk to be held on Sunday, October 2, 2022.

On motion it was,

Voted to grant a special permit to DMSE Sports for the Jimmy Fund Walk to be held on Sunday, October 2, 2022.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CONTRACT

Question of approving the extension of the Brookline Bike Path Contract with Toole Design Group through June 30, 2022.

On motion it was,

Voted to approve the extension of the Brookline Bike Path Contract with Toole Design Group through June 30, 2022.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

EXTRA WORK ORDER

Question of approving Extra Work Order # 1 for Contract # PW/22-07 Accessible Pedestrian Signal Improvements Phase 1 with Dagle Electrical Construction Corp in the amount of \$50,787.90.

On motion it was,

Voted to approve Extra Work Order # 1 for Contract # PW/22-07 Accessible Pedestrian Signal Improvements Phase 1 with Dagle Electrical Construction Corp in the amount of \$50,787.90.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

AMENDMENT

Question of approving Amendment #26 to the contract with William Rawn Associates for design of lighting options to be included in the Brookline High School Quad repairs project to bring light levels up to code requirements in the amount of \$9,725.00.

On motion it was,

Voted to approve Amendment #26 to the contract with William Rawn Associates for design of lighting options to be included in the Brookline High School Quad repairs project to bring light levels up to code requirements in the amount of \$9,725.00.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CHANGE ORDER

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Question of approving Change Order #8 related to the contract with Gilbane Building Company in the amount of \$21,549.00 for the Driscoll Project

On motion it was,

Voted to approve Change Order #8 related to the contract with Gilbane Building Company in the amount of \$21,549.00 for the Driscoll Project

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

AMENDMENT

Question of approving Amendment #20 related to the contract with Jonathan Levi Architects in the amount of \$74,800.00 for the Driscoll School Project for added geo-environmental work.

On motion it was,

Voted to approve Amendment #20 related to the contract with Jonathan Levi Architects in the amount of \$74,800.00 for the Driscoll School Project for added geo-environmental work.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CHANGE ORDER

Question of approving Change Order #11 related to the contract with CTA Construction Managers in the amount of \$70,434.28 for the Tappan Gym and Third Floor Renovations for the Brookline High School project.

On motion it was,

Voted to approve Change Order #11 related to the contract with CTA Construction Managers in the amount of \$70,434.28 for the Tappan Gym and Third Floor Renovations for the Brookline High School project.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CHANGE ORDER

Question of approving Change Order #20 to the contract with Skanska USA Building, Inc. for various changes in scope to the High School project as described in detail in the body of the change order documents in the amount of \$161,653.00.

On motion it was,

Voted to approve Change Order #20 to the contract with Skanska USA Building, Inc. for various changes in scope to the High School project as described in detail in the body of the change order documents in the amount of \$161,653.00.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

BUDGET TRANSFER

Question of approving the following budget transfer in the office of the Town Clerk:

From: 16201610	Public Records	510101	Permanent Full Time	\$30,000
To: 16201610	Public Records	524101	Professional Technical	\$15,000
To: 16201620	Elections	531012	Office Supplies	\$15,000

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On motion it was,

Voted to approve the following budget transfer in the office of the Town Clerk:

From: 16201610 Public Records 510101 Permanent Full Time \$30,000

To: 16201610 Public Records 524101 Professional Technical \$15,000

To: 16201620 Elections 531012 Office Supplies \$15,000

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

ALTERNATE MANAGER

Question of approving the following alternate manager applications for Mission, Inc.:

Kiondre Woody

Edward Castillo

Jackson Fleury

Rebecca Salerno

On motion it was,

Voted to approve the following alternate manager applications for Mission, Inc.:

Kiondre Woody

Edward Castillo

Jackson Fleury

Rebecca Salerno

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CALENDAR

TOWN COUNSEL APPOINTMENT

Question of approving the appointment of the Brookline Town Counsel.

Town Administrator Kleckner announced his recommendation to appoint Joe Callanan as Town Counsel. He reviewed Attorney Callanan's experience and reviewed the extensive screening and interview process. Mr. Kleckner indicated that for a hiring process to be fully open and transparent would deter applicants knowing their vetting process would be public. Mr. Callanan has worked as the Town Solicitor in Weymouth and has prior experience in the office of Attorney General under a number of administrations and has experience with policy and public administration.

Board member Greene noted that he worked in the AG's office at the same time as Mr. Callanan, but never worked together. He asked that the Board hold off a week on this appointment to allow review from the public.

The remaining board member expressed support with the process and recommendation. The board acknowledged the work of First Associate Town Counsel, Patty Correa.

On motion it was,

Voted to approve the appointment of Joseph Callanan as the Brookline Town Counsel

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

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US OPEN CHAMPIONSHIP NOISE BYLAW HEARING DELEGATION

Question of delegating the Noise Bylaw Waiver Hearing from the Select Board to the Town Administrator at the upcoming US Open Public Forum on March 14, 2022.

Town Administrator Kleckner noted that he has reviewed the Town Administrator's Act allowing him to be delegated the authority of approving noise bylaw waivers. This will be applied around the US Open activities. Recreation Director, Leigh Jackson, reviewed that there will be a public hearing on March 14, 2022 and the noise bylaw waiver and noise factors will be considered at that meeting.

Recreation Director Leigh Jackson reviewed the types of noise associated that would include set up, building and construction and deliveries and supplies mostly performed off-hours. More information will be coming as the event get closer.

On motion it was,

Voted to delegate the Noise Bylaw Waiver Hearing from the Select Board to the Town Administrator at the upcoming US Open Public Forum on March 14, 2022.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

NOISE BY-LAW WAIVER PUBLIC HEARING **taken out of order*

Question of approving the noise bylaw waiver request from Callahan Construction for concrete being poured at 5 Washington Street until 8 p.m. on March 2 2022 and March 29, 2022.

Brian Parmenter and Rosalize Gaitan from Callahan Construction were present. Rosalize Gaitan, project manager reviewed that request for March 3rd and 29th for a noise bylaw waiver to do a big concrete pour at the project site. They are allowed to work until 7pm, but this request is to work until 8pm. This task would take all day, finishing at 8pm. The truck will stop rolling around 5:00 pm.

Brian Parmenter added that the work should not be noisy; it will be finishing work.

The board noted the close timeline of the request, and that the project is not permitted in Brookline, it is permitted in Boston. The board spoke on numerous complaints from the neighbors on this project, poor community engagement and disregard for Brookline's regulations.

Ms. Gaitan added that she understands the frustration and headaches the project is causing the neighbors. They are working as fast as they can to get the project finished. They are trying to be better neighbors.

Public hearing:

Tom Kates, Bartlett Crescent, spoke on numerous violations and disruptions placed on the neighbors for the past year and a half. He spoke on a specific event where the contractor indicated there was permission for Brookline's Building Commissioner, there was no permissions. This was related to a large concrete pour done in January that went on until 11:00 pm. There were so many abuses put upon the neighbors, too many to list. Should the Select Board grant any favors to a Boston only project that has made every effort to isolate itself from Brookline and therefore avoid any regulations from our town.

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Andrew Fischer, Bartlett Crescent, spoke in opposition on the waiver. He asked about the trucks pulling in through Boston and if the gates at Bartlett Crescent can be closed.

Ms. Gaitan replied that unfortunately they need to use the Brookline gate, they have pushed the gate far into Washington street to keep as many cars and trucks off Bartlett Crescent. She added they are trying to do better.

Linda Jason spoke on the time request. How can the neighbors be assured they work would stop at 8:00 pm, and how would that be enforced.

Mr. Parmenter replied they will shut down the work at 8:00pm if approved until that time.

Hearing closed

The board is in agreement that due to the number of complaints and disregard to Brookline's neighborhoods, plus the instance where a worker lied and said there was permission granted, then get into an altercation with a resident about it, makes it difficult to grant this request. Board members each indicated that they receive emails on this project on a daily basis. It was also noted that noise bylaw waivers are usually granted to accomplish work resulting in the public good, school buildings, utility and road improvements, etc. this project provide no benefit to Brookline, yet Brookline residents are the ones harmed.

Commission Bennett added that after the incident in January, he has become more involved, and thinks things are getting better, but he is not there all day. Most of the work is on the Brighton side so a waiver or no waiver the work will continue on that side. He added Boston's noise waiver process is a different process; there is no public hearing, just an application put on file.

Ms. Gaitan added they are meeting tomorrow with the neighborhood presenting what is happening on the job site in the coming weeks.

Mr. Bennett added there will be a crane onsite hoisting building materials. He reviewed that he is researching what protections Brookline has, what permissions are available and can be applied.

Fearghal Oriain noted the ongoing disregard to the resident's noise levels adding there is a disruptive way to do it and not to do it.

On motion it was,

Voted 0-5 to approve the noise bylaw waiver request from Callahan Construction for concrete being poured at 5 Washington Street until 8 p.m. on March 2 2022 and March 29, 2022.

Motion failed

Aye: 0

Against: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

DISPARITY REPORT PRESENTATION

Presentation of the 2022 Brookline Disparity Report from Caitlin Starr, Assistant Director of the Office of Diversity, Inclusion, and Community Relations.

Presentation review:

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- Goals
- Key Contributors and Stakeholders
- Brookline at a glance
- Disparities identified
- Access to technology
- Food access
- Health disparities
- Language access
- Education
- Housing status and affordability
- Childcare
- Transportation

Do racial inequities exist in Brookline?

Comparative Statics

Key Overarching recommendations

Discussion:

Board member Greene: President Biden has indicated that he will propose an expansion of mental health services throughout the country. Before we begin to think about a new social services department, we should allow the new director to look at the current system and where to expand upon and think of a way to expand rather than jumping into a new expensive scheme. Also, he would like the report to edit the language indicating that the Select Board recommended the establishment of unarmed policing type force.

Board member Aschkenasy: Why would a department of social services be a bad thing? First determine what our priorities are then figure out how to make it happen. In addition, it is important to note that 100% of black respondents in the survey felt there was racism in Brookline, we have to elevate that. She suggested that collaboration with the IT department to combine data for the town's website.

Board member VanScoyoc spoke on the data collection and asked about the sources. Is there any way to know who might have known about the survey and decided to participate, or was it random; did the self-selection of people who participated in that survey affect the results of the survey.

Ms. Starr responded the survey data is only in that section, the rest of the data came from various organizations, census reports and vaccine data. There were only 144 respondents to the survey.

Board member Fernandez added these are recommendations and we need to talk about these and these are solvable, and not new problems. This data came from organizations working out in the front lines of social services. We can marshal resources to solve these problems in a community as affluent as ours. The big question is what we are going to do about it. We need a meaningful comprehensive plan to address these issues. We cant confuse action vs process. We have allowed the private sector to address these problems and as a town, we need to work alongside them.

Board member VanScoyoc added that people of Brookline have recognized these disparities for years and have responded to them for years with various town resources and programs. I do not see a lack of access in every recommendation, many programs are addressing disparities. Why I asked the

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question is, this report draws a conclusions of what needs to be addressed, and made recommendations on additional things of what we should be doing, I just want to know what those recommendations are based upon. The surveys should be made as diverse as possible.

Board member Aschkenasy added if we want a different outcome, we need a different system. Everything happening is part of a much bigger puzzle. How do we dig this problem up at the root not just prune the leaves. This report provides us the lens to carry forward.

Board member Greene added no one is disagreeing that we need to the fix structure; we have to think about what makes sense, how do we do it that will be effective, and acknowledge it cannot be done overnight. What is the process to begin to solve and build upon what was already accomplished here in Brookline.

Chair Hamilton noted the large deficit within the school budget, \$5.8 million, and the town's limitations from tax funds due to prop 2.5. There are many structural budgetary problems; cost keeps going up with no money to keep up with it, basics like municipal services. I am not opposed to thinking a lot should be addressed by the private sector nonprofits. I know see how limiting it is having a small public health department. We will have 8 people signed up for public comment demanding us to do things I feel are outside of what we as Brookline can do. What are you demanding of your State Reps, State Senators, Congressional members, etc., these are levels of government with responsibilities to tackle the larger problems.

Public comment:

Naomi Sweitzer offered in the future should the Select Board have a presentation on homelessness, I am happy to help put that together. It is an expertise of mine.

DEPARTMENTAL BUDGET REVIEWS

Review of the FY23 Departmental Budgets for the Finance Department, Department of Diversity, Inclusion, and Community Relations, and the Planning Department.

Finance Department: Justin Casanova-Davis presenting

- Budget \$3.5 million – 2.3% increase
- Services increased \$95k (Subscription services, software system, credit card banking charges, Payroll software)
- AAA Bond rating – high collection rates- transactions efficiencies – reorganization of the Treasury division

With an unlimited budget would:

Increase salaries

Develop a co-op program

Add bandwidth

Department of Diversity, Inclusion, and Community Relations: Lloyd Gellineau presenting

- Office functions – staff of 4
- Budget 350k
- Increase in professional services – language access - Special programs increased 10k for events
- Completed and distributed Brookline's 1st Diversity and Inclusion Business Directory.

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- Developed disparity study
- Convened four racial equity trainings
- Provided consultations and technical support to various departments.

With an unlimited budget would:

- Establish and fully fund a community center- the ODICR would be housed there
- (provided a list of programs to be housed there)

Planning Department: Kara Brewton presented

- Staffing levels – Preservation Planner 0.5 staff added- CPA 0.5 staff added
- Consultant Sustainability Funds – Select Board funding
- Applications

With an unlimited budget would:

- Single town wide language translation services
- Increase affordable housing trust fund
- Build out sustainability division
- Multiple years of funding for a comprehensive and update & rezone effort

AMERICAN RESCUE PLAN FUNDING UPDATE

American Rescue Plan Act (ARPA) update and possible vote on process for allocation and preliminary funding priorities.

Town Administrator Kleckner made a presentation that reviewed:

- Create two or more funding cycles
- Funding availability \$44million \$32.4million direct \$11.5 million, Norfolk County
- First round of funding \$20million
- \$1.83 million Covid budget already approved
- Process for project ranking and approval
- Draft allocation targets target for round 1 -\$20million
- Reviewed the targeted categories for round 1

Chair Hamilton offered a committee slate.

1. John VanScoyoc
2. Miriam Aschkenasy
3. Brian Kane
4. Jennifer Raitt
5. Arthur Conquest

On motion it was,

Voted to approve the committee slate for the ARP Submission Review Committee

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

SELECT BOARD SPONSORED WARRANT ARTICLES

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Discussion of potential Select Board sponsored Warrant Articles for the 2022 Annual Town Meeting.

No articles to be considered.

Director of Administrative Services Devon Fields provided an update on an Article 9, Real Estate Transfer Tax, in 2019 submitted for home rule and filed by Rep Vitolo and did it not pass. To continue consideration, the Select Board has to:

Write a letter to say that, even though this is old, it is still the will of the town to move forward. Also to include the certified votes and filing language.

Chair Hamilton added she is not inclined to do this with every declined home rule petition. They should be consider on a case by case basis.

PIERCE SCHOOL CMR SELECTION COMMITTEE APPOINTMENT

Question of appointing the following members to the Construction Manager @ Risk Prequalification Committee:

Bernard Green (Select Board)

Helen Charlupski (School Committee)

Karen Breslawski (Building Commission)

Lynn Stapleton (Leftfield)

Margaret Clark (Miller Dyer Spears Architects)

On motion it was,

Voted to approve the above slate as proposed.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

BOARDS AND COMMISSIONS - APPOINTMENTS

The following candidates for appointment/reappointment to Boards and Commissions:

Commission for Diversity, Inclusion, and Community Relations

On motion it was,

Voted to appoint Harvey Freishtat to the Commission for Diversity, Inclusion, and Community Relations for a term ending 2024.

Voted to appoint Gaurav Sood to the Commission for Diversity, Inclusion, and Community Relations For a term ending 2024.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

Commission for the Arts

On motion it was,

Voted to reappoint Peg O'Connell to the Commission for the Arts for a term ending 2024.

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Voted to appoint Elizabeth Schlosberg to the Commission for the Arts for a term ending 2026.

Voted to appoint Ellen Goodman to the Commission for the Arts for a term ending 2026.

Voted to appoint Bonnie Benhayon to the Commission for the Arts for a term ending 2025

Voted to appoint Rachel Stewart to the Commission for the Arts for a term ending 2025

Voted to appoint Fran Charnas to the Commission for the Arts for a term ending 2024

Voted to appoint Andy Dean to the Commission for the Arts for a term ending 2024

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

There being no further business the Chair ended the meeting at 10:35 pm.



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LT. GOVERNOR

TERRENCE M. REIDY
SECRETARY

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

Telephone (978) 567~3100

www.mass.gov/dfs



PETER J. OSTROSKY
STATE FIRE MARSHAL

February 16, 2022

Chief John F. Sullivan
Brookline Fire Department
350 Washington Street
Brookline, MA 02447-0557

Dear Chief Sullivan:

I am pleased to inform you that your FY 2022 Student Awareness of Fire Education (S.A.F.E.) and Senior SAFE grant applications have been approved for funding. The Brookline Fire Department has been awarded \$7,575.00 for your S.A.F.E. grant and \$3,455.00 for Senior SAFE.

Be sure to alert your treasurer and to check with them to ensure receipt of the funds. We expect the funds to be electronically distributed in the next week or two.

All grantees are required to submit the FY 2021 year-end report to DFS by January 31, 2022. If there are any unexpended funds, the grantee may apply for a one-time 6-month extension, which will be part of the year-end report form. At the close of the single 6-month extension, all unexpended funds must be returned to the Commonwealth. At this time, any prior year remaining funds must be returned to the Commonwealth.

Twenty-seven years ago, the Administration advocated for the creation of the S.A.F.E. Program. Since that time average annual child fire deaths have been reduced by 78%. Seven years ago, the S.A.F.E. program was expanded to offer funds to local communities in support of senior fire prevention training. Seniors are the most vulnerable of populations at risk of fire related deaths. Senior SAFE is aimed at educating seniors on fire prevention, general home safety and how to be better prepared in the event of a fire. It is our hope that with this opportunity we can recreate the success with our older population that we have had with children.

I thank you for your commitment to the S.A.F.E. program and for your continuing efforts to promote fire prevention for all citizens. If you have any questions, please feel free to contact the Public Education Unit at (978) 567-3382 or the S.A.F.E. staff at (978) 567-3388.

Sincerely,

Peter J. Ostroskey
State Fire Marshal

Administrative Services • Division of Fire Safety
Hazardous Materials Response • Massachusetts Firefighting Academy

Budget Worksheet:

Budget Category	Description Town: <u>Brookline</u>	School-Based Budget Amount	Senior S.A.F.E. Budget Amount
		\$ <u>7575</u>	\$ <u>3455</u>
Salary	To defray personnel costs incurred as a result of a commitment to S.A.F.E., such as replacement costs of firefighters dedicated to S.A.F.E. program initiatives. Compensation paid to employees engaged in activities affiliated with this grant may include regular salary, replacement salary, overtime, overtime replacement, and other salary benefits	<u>5000</u>	<u>2000</u>
Training	To provide training of personnel in any nationally recognized fire safety curriculum. Training courses and seminars sponsored by the Department of Fire Services are available. Typical expenses in this category include tuition, S.A.F.E. related in-state travel or lodging, and meal expenses. This includes training conducted by the fire department which should be listed under personnel costs.	<u>1000</u>	
Equipment	Costs associated with the purchase and installation of equipment affiliated with this grant. To purchase or lease equipment to support and enhance S.A.F.E. efforts such as televisions, DVD players, and camcorders. For the Senior SAFE Program, funds may be used to purchase smoke alarms, carbon monoxide alarms, replacement batteries, tools such as drills and step ladders for installation, high-end heat limiting devices for stoves, in-hood stove top fire extinguishers, house numbers, nightlights, and other similar fall prevention devices.		
Materials & Supplies	Costs associated with any materials or supplies affiliated with the grant including: program curriculum, workbooks, DVDs, videos, handouts, classroom supplies, T-shirts, bumper stickers, and other educational or promotional materials.	<u>1075</u>	<u>1455</u>
Other	To purchase miscellaneous and/or incidental items related to the successful implementation of the S.A.F.E. program.		
Total	The total should be the total amount you are eligible to apply for in your tier.	<u>7575</u>	<u>3455</u>

Balance of Unexpended Fiscal Year 2020 Funds \$ 0

(Any unexpended funds should be returned to DFS)

Chief's signature

Date

TOWN OF BROOKLINE



OFFICE OF DIVERSITY, INCLUSION AND COMMUNITY RELATIONS

11 Pierce Street, Brookline, Massachusetts,
02445

Telephone: (617) 730-2300 Facsimile: (617)
730-2296

February 17, 2022

Memo: Approval of Grant

To: Brookline Select Board

Attn: Heather Hamilton; Chair Person of the Brookline Select Board

Chairperson Hamilton,

The Office of Diversity, Inclusion and Community Relations seeks the Select Board's authorization to accept \$1,300.00 in Grant funds from the Brookline Community Foundation to Brookline's MLK Celebration Committee to be appropriated into account 52005200 524010. The entirety of this grant will be used by the Brookline Martin Luther King, Jr. Celebration Committee towards a program at the Coolidge Corner Theatre on Sunday May 8th at 2 PM entitled "Family Past and Present: A Story of Hope in Black and White". This program will feature singer, songwriter and social activist Reggie Harris and longtime Brookline resident Wallis Raemer. The grant will be used to cover the payment to Reggie Harris for his performance.

Thank you for considering this request.

Sincerely,

Caitlin Starr, MPH, CDE

Office of Diversity, Inclusion, and Community Relations - Town of Brookline

Assistant Director

11 Pierce Street

Brookline, MA 02445

[617-730-2345](tel:617-730-2345)

3.C.

**BROOKLINE POLICE DEPARTMENT***Brookline Massachusetts*

RICHARD E. ALLEN
ACTING CHIEF OF POLICE

To: Mr. Mel Kleckner
From: D.S. Paul Cullinane
Date: 03/03/2022
Subject: 2022 Mini Marathon

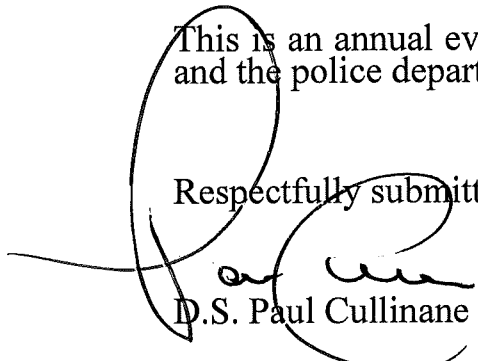
Mr. Kleckner;

The Boston Athletic Association is holding its 20th annual half marathon on Sunday November 13th, 2022. The 13.1-mile course through Boston's Emerald Necklace Park system begins in Franklin Field and proceeds to the Landmark Center before reversing direction. The Town of Brookline is affected in two ways. The race enters Brookline from the Riverway at the intersection of Washington Street & Pond Ave at the 6 mile mark during the return leg. The race proceeds down Pond to the Chestnut Street rotary to Jamaica Pond before proceeding back to Franklin Field. Access to the Riverway from All Brookline streets will be restricted 30 minutes before the race until the final runners reach the intersection of Parkman Drive and Perkins St in Jamaica Plain.

The Police Department will work with the Department of Public Works to ensure that public safety and security is provided for the participants traveling through the town. Police Detail Officers will be posted at affected intersections to detour traffic the Department of Public Works will assist with barricades and parking restrictions.

This is an annual event that has been successfully completed several times in past and the police department doesn't expect any issues as a result of this event.

Respectfully submitted;



D.S. Paul Cullinane



Public Safety Building 350 Washington Street, Brookline, Massachusetts 02445
Telephone (617) 730-2249 ♦ Facsimile (617) 730-8454

One Day Temporary Alcohol license

Applicant: Karen Hasenfus
DBA: Larz Anderson Auto Museum
Location: 15 Newton Street

Application Details:

A Temporary **Wine and Malt** Beverages Non-Sales License to The Larz Anderson Auto Museum to be held on March 10, 2022 for Corporate Cocktail Reception 4:00PM – 7:00PM at 15 Newton Street. 100 people expected to attend.

Report:

Police Department (Approved)



RICHARD E. ALLEN
ACTING CHIEF OF POLICE

BROOKLINE POLICE DEPARTMENT

Brookline, Massachusetts

TO: Chief Richard E. Allen

FROM: Lt. Michael P. Murphy #31

DATE: 3 March 2022

RE: Temporary Wine and Malt Beverage – One Day Permit – Non-Sales – 3/10/2021
Larz Anderson Auto Museum

Sir,

The Larz Anderson Auto Museum, through Operations and Events Manager Karen Hasenfus, has applied for a Section 14 One Day Permit for Wine and Malt Beverages for a corporate cocktail reception to be held on Thursday, March 10th, 2021, from 4:00 PM to 7:00 PM.

Ms. Karen Hasenfus and/or Ms. Sylvia Passley-Harris will be the responsible managers on site for this event and will ensure compliance with all applicable federal, state, and local laws, regulations, ordinances, and any conditions on the permit, as well as previously discussed conditions.

The event is not open to the public, no admission fee will be charged, and guests will not be charged for alcoholic beverages. Organizers are expecting no more than 100 guests to attend. A Crowd Manager Certificate has been submitted.

All alcoholic beverages at this event will be served by bartenders provided by Boston Catering and Events, (781) 938-9300, who employs certified Tips bartenders. The caterer has submitted a copy of their bartender certification in the safe service of alcohol. A copy of caterer's Certificate of Liability Insurance specifically naming the Town of Brookline as a holder of the certificate has been submitted.

A uniformed police detail officer will be assigned to provide security and to manage traffic issues if they arise. Detail Sgt. Heavey was notified of the application.

I see no reason to oppose this application.

Respectfully submitted,
Lt. Michael P. Murphy #31



OFFICE OF THE SELECT BOARD

MEMORANDUM

TO: Richard E. Allen, Acting Chief of Police
FROM: Melvin Kleckner, Town Administrator
RE: Temporary - One Day Alcohol License
DATE: March 2, 2022

May we please have a report on the attached request for:

A Temporary **Wine and Malt** Beverages Non-Sales License to The Larz Anderson Auto Museum to be held on March 10, 2022 for Corporate Cocktail Reception 4:00PM – 7:00PM at 15 Newton Street. 100 people expected to attend.

This application is scheduled to go before the Board on **March 8, 2022**. May we please have the reports no later than **March 3, 2022**.

Thank you.

**TOWN OF BROOKLINE
APPLICATION FOR A PERMIT TO SERVE ALCOHOLIC BEVERAGES ON
TOWN PROPERTY (NON SALES /WINE & BEER ONLY)**

Date March 2, 2022

I hereby make application for a PERMIT TO SERVE ALCOHOLIC BEVERAGES ON TOWN PROPERTY at a

Corporate Cocktail Reception
(state whether a meeting, banquet, concert, picnic, wedding, etc.)

Which is to be held at the Larz Anderson Auto Museum
(Name of Person or Organization)

15 Newton Street , Brookline MA 02445
(Address of Person or Organization)

On the 10th day of March , 2022

Between the hours of 4:00 PM—7:00 PM at the following described Town property:

The Larz Anderson Auto Museum

If the applicant is an organization, complete name and address of the organization's officers:

Name: Northrup Knox Title: President Address: 699 High Street Dedham

Name: William Keeney Title: Vice President Address: 2221 Washington St. Newton

Name: Mark Daniel Title: Treasure Address: 35 Priscilla Lane Quincy

NOTE: If the answer to Questions 4, 5 , 6 or 7 is yes, you do not qualify for a non-sales permit and you should seek instead a special license to sell alcohol.

1) How many cases or barrels, etc. of each type of alcoholic beverage will be made available to guests?

4 cases each wine and beer 4 bottles each other types

2) What is the maximum number of people to attend? 100

3) What is the age group of people to attend? 60

4) Are you charging an admission fee? NO

5) Are you charging for alcoholic beverages? NO

6) Is the event open to the public? NO

7) Are tickets to the event available for purchase? NO

8) How will alcoholic beverages be dispensed or served and by whom? Please state the names, addresses of all person(s) serving alcoholic beverages.

Bartender will be provided Boston Catering and Event (781) 938-9300

9) State whether or not the person(s) dispensing or serving alcohol received TIPS certification or equivalent safe-service of alcohol training and the date(s) of any such certification or training and attach documentation pertaining to such certification or training:

Bartenders are all certified and insured

10) If any attending are under age 21, what method will be used to check ID and what procedures will be followed to make certain that those under age 21 are not served and are not allowed to consume alcoholic beverages?

Bartenders will check ID's

11) Will a police detail or other types of security be provided? YES

If "YES" what type and how many? Brookline Police detail

12) Please state the name, address, age and 24-hour contact information of the individual (who must be at least 21 years of age) who will be physically present at the event and who will ensure compliance with all applicable federal, state and local laws, regulations, ordinances and any conditions on the permit and who will ensure the maintenance of order and decorum:

Sylvia Passley Harris	Clyde St.	Brookline MA	05/26/1955
Karen Hasenfus	7 Gleason Ct.	Walpole, MA	09/29/1954
(Name)	(Address)		(Date of Birth)

Telephone number: (617) 522-6547 (617) 283-7265

Email Address: khasenfus@larzanderson.org feonapassley@hotmail.com

This application must be accompanied by proof that the applicant has secured, and there is in effect during the period of time for which the permit is sought, a general liability policy naming the Town as the additional insured or if the general liability policy exempts alcohol related incidents or occurrences a liquor liability policy naming the Town as an additional insured.

By signing this application, the applicant absolves the Town and its officials, officers, employees, agents and representatives from all liability in connection with the applicant's use of Town property. By signing this application, the applicant agrees to indemnify the Town for any damage to the Town's personal and real property resulting from the applicant's use of Town property and agrees to indemnify the Town for any expenses the Town incurs in restoring Town property to its condition prior to use (in excess of any routine cleaning and maintenance service the Town would ordinarily have performed irrespective of the use.



Signature

Karen H Hasenfus
Name Printed

Operations and Events Manager
Title (if on the behalf of an Organization)

15 Newton St. Brookline MA 02445
Address

(617) 522-6547
Telephone number(s)

khasenfus@larzanderson.org
Email address(es)



BSTOCAF-01

AGUINEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lathrop Insurance Agency 85 A Beach Street Westerly, RI 02891	CONTACT NAME: PHONE (A/C, No, Ext): (401) 596-2525 FAX (A/C, No): E-MAIL ADDRESS:														
INSURED Boston Cafe & Catering Inc. 325 New Boston St #15 Woburn, MA 01801	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Chubb</td> <td></td> </tr> <tr> <td>INSURER B: Motorists Insurance Group</td> <td>13331</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Chubb		INSURER B: Motorists Insurance Group	13331	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Motorists Insurance Group	13331														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		D95903356	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5000173390	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			D95903368	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71795017	3/1/2021	3/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	General Liability			D95903356	3/1/2021	3/1/2022	Liquor Liability 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For an event to take place at the Larz Anderson Auto Museum on Thursday, March 10, 2022

All operations usual and incidental to the business of the named insured

General Liability - BOP-51511 (10/18) Businessowners Liability Enhancements Endorsement For Restaurants - Additional Insured-Pursuant To Contract Or Agreement; Primary Provision; Waiver of Subrogation Required By Contract

BP0489 (01/10) Liquor Liability Coverage
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Town of Brookline 333 Washington St Brookline, MA 02445	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Lathrop Insurance Agency		NAMED INSURED Boston Cafe & Catering Inc. 325 New Boston St #15 Woburn, MA 01801	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

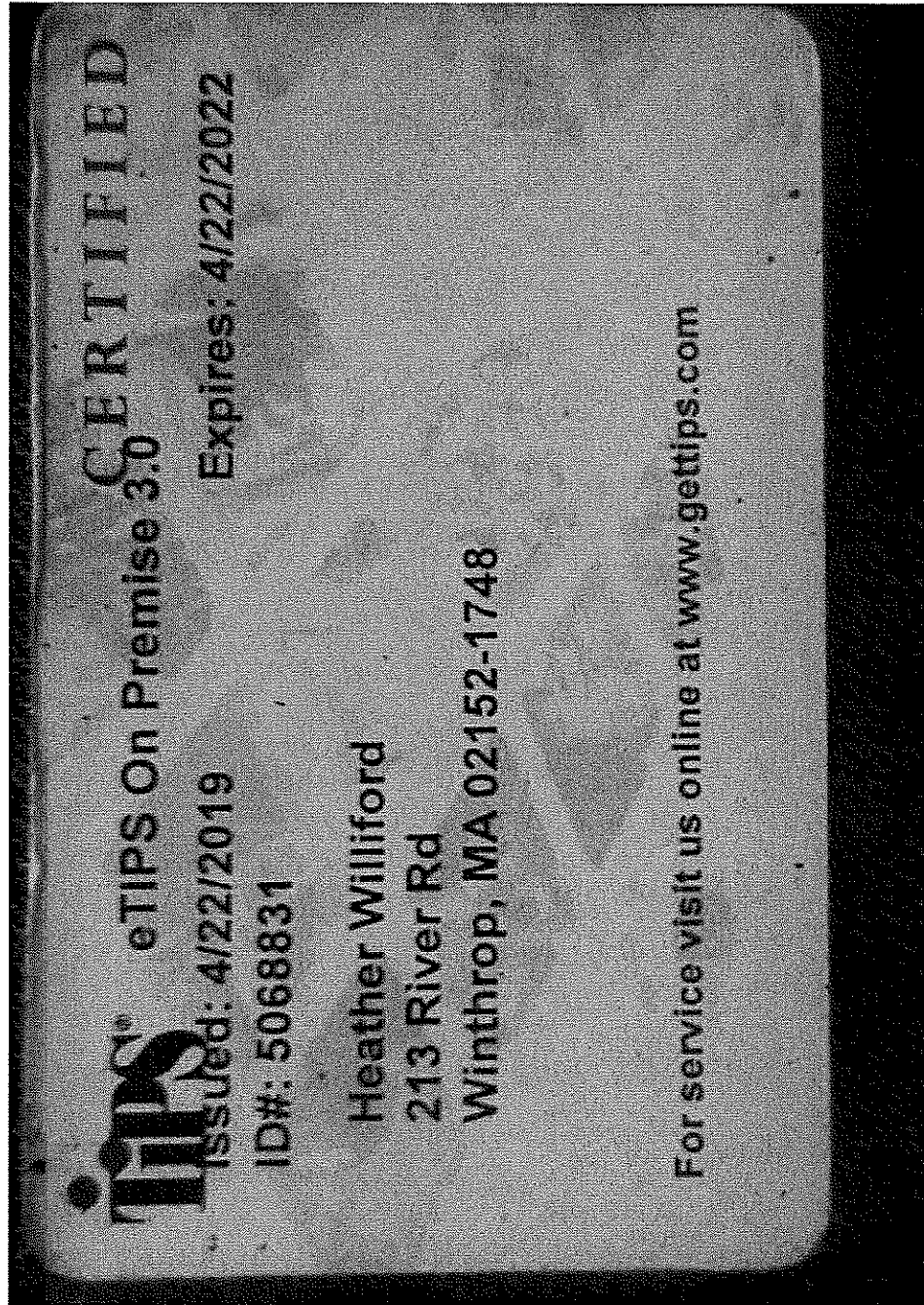
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

CA CW MG 00 22 (02/19) MiChoice Commercial Auto Endorsement - Additional Insured-Automatic Status When Required In A Written Contract Or Agreement; Primary And Noncontributory; Waiver Of Transfer Of Rights Of Recovery Against Others To Us Under A Written Contract Or Agreement

Umbrella Liability - CU 00 01 (04/13) - Follow Form



6.B.

Zoning Board of Appeals

Cover Sheet

As of March 2022

The Board of Appeals is a 3-member quasi-judicial board, with 5 associate members, that is responsible for reviewing and approving applications for relief by special permit and by variance from the requirements of the Zoning By-Law, in accordance with the “Massachusetts Zoning Act” - Massachusetts General Laws, Chapter 40A. 3 board members sit for each hearing and a unanimous vote is required for an appeal to be granted. Associate members may sit should regular members be unable to do so due to absence or conflict of interest. The current membership is as follows:

FULL MEMBERS (3 members)

- | | |
|----------------------|------|
| 1. Jesse Geller | 2024 |
| 2. Mark Zuroff | 2022 |
| 3. Johanna Schneider | 2023 |

Associate Members (5 members)

- | | |
|------------------------|------|
| 1. VACANCY | 2025 |
| 2. Neil Wishinsky | 2023 |
| 3. Lark Palermo | 2024 |
| 4. Randolph Meiklejohn | 2023 |
| 5. Paul Bell | 2024 |

Recent Activity:

Kate Poverman resigns spring 2021

Neil Wishinsky applies for appointment

Saul Feldman interviews for appointment 3.8.22

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Tue 1/11/2022 2:33 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Saul Feldman
Address	[REDACTED]
Home Phone	[REDACTED]
[REDACTED]	<i>Field not completed.</i>
Email	s [REDACTED] yahoo.com
Application for specific Board/Commission?	Zoning Board of Appeals
What type of experience can you offer this Board/Commission?	Over fifty years of practicing real estate law. Have been a Brookline resident since 2005 and retired since 2018.
What type of issue would you like to see this Board/Commission address?	Affordable housing; the need for a change in antiquated on-site parking requirements.
Are you involved in any other Town activities?	Am currently applying to become a town meeting member.
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	Saul Resume.docx

Email not displaying correctly? [View it in your browser.](#)

[EXTERNAL EMAIL] [CAUTION] This email originated from a sender outside of the Town of Brookline mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

SAUL J. FELDMAN

[REDACTED]

[REDACTED]

[REDACTED].com

EDUCATION

Harvard College, A.B., 1962.

Harvard Law School, J.D., 1966.

BAR MEMBERSHIPS AND DATES

Admitted to practice before the Supreme Judicial Court of Massachusetts, 1966.

EMPLOYMENT HISTORY

Law Office of Samuel Zaharoff, 1966-1968.

Law firm presently known as Rubin & Rudman, 1968-1978.

Founding member and principal of small law firms, 1978 until retirement in 2018.

DESCRIPTION OF PRACTICE

Most of my law practice was devoted to real estate law. I have experience in condominium law, MGLa Chapter 40b and Section 8 matters.

MEMBERSHIPS

Town meeting member – Swampscott, Massachusetts (1973-1998).

Member of Board of Trustees of Temple Ohabei Shalom, Brookline, Massachusetts.

PERSONAL

Born May 31, 1939, married with three children (one deceased), three grandchildren; hobbies- walking, working out, and theater.



Advisory Council on Public Health (As of 2/16/22)

MEMBERS:

Patricia Maher.....Term expires 2023 - Chair

Dr. Anthony Schlaff.....Term expires 2023

Dr. Natalia Linos.....Term expires 2024

Dr. Rosemarie Roque Gordon.....Term expires 2023

David HemenwayTerm expires 2022

Vacancy.....Term expires 2025

Dr. Peter Moyer..... Affiliate Member, Term Expires 2022

Jennifer Kritz interviews for appointment 2.1.22 (withdrew)

Dave Dorer interviews for appointment 2.1.22

Charlie Homer interviews for appointment 2.1.22

Len Jokubaitis interviews for appointment 2.8.22

Joe Frolkis interviews for appointment 2.15.22 (withdrew)

James Perrin interviews for appointment 2.15.22

Andy Epstein interviews for appointment 3.8.22

Andy Epstein, RN, MPH

Br
c



Summary of Qualifications

Extensive experience in program development and management strategies for governmental and non-profit public health organizations.

- **Led** projects and programs ranging up to \$15 million.
- **Directed** clinical programs at a neighborhood health center in Dorchester, MA, and primary and tertiary care in Mozambique, Africa.
- **Evaluated** public health interventions.
- **Managed** long-term care program for inner-city homebound elderly and disabled.

Education

Master's in Public Health, Boston University School of Public Health
Registered Nurse

Areas of Expertise

- Program design, policy development for HIV/AIDS and primary care. Integrating primary care, substance abuse services and mental health in the context of health care reform.
- Expertise in identifying and targeting services for underserved and high-risk populations.
- Clinical expertise in HIV/AIDS, geriatrics, and home care. Familiar with family planning and reproductive health.
- Experience in developing training and curricula.
- Extensive experience writing grant proposals, applications, and articles for publication.
- Conversational Portuguese and knowledge of Spanish.

Professional Experience

**New England Treatment Access (NETA), Brookline,
MA 2015-2022**

- NETA Brookline, the first Medical Marijuana Dispensary (MMJ) in the Boston area, worked closely with the Massachusetts Department of Public Health and the Town of Brookline to successfully establish this facility.
- Led patient education by assuring that patients selected the cannabis that would provide the most relief.
- Worked with patients 1:1 to advise and educate; ran patient peer support groups with disease such as multiple sclerosis, arthritis, and elderly patients.
- Other duties included hiring and training of staff, leading tours for clinician visitors, leading community outreach to senior centers, and remaining up-to-date on peer-reviewed literature about the latest cannabis studies.

**Massachusetts Department of Public Health, Boston,
MA**

2007-2015

Special Assistant to the Commissioner

- Oversaw three bureaus including HIV/AIDS, Infectious Disease, and Substance Abuse Bureaus.
- Served in a role that was core member of the senior leadership team.
- Initiated, developed, and evolved an opiate overdose prevention program using Nasal Naloxone. To date, 1,700 opiate overdoses reversed and 17,000 drug users, parents and friends, substance abuse treatment providers, and public safety officers trained and equipped with Nasal Naloxone.
- Co-led the state expert panel on end of life care and implemented the Medical Orders for Life-Sustaining Treatment (MOLST) program.
- Led statewide effort to integrate primary care, substance abuse and mental health care for community health centers and other practices.
- Actively designed the medical marijuana program which operationalized state Ballot Question #3.

**Carr Foundation, Cambridge,
MA**

2005-2007

Health Care Consultant

- Developed plan for health center to care for park employees and their families within the Gorongosa National Park, Mozambique.
- Implemented and support public health strategies for 14 local communities surrounding the park boundaries.

6.B.

Boston Public Health Commission, Boston, MA

2003-2005

Special Advisor to the Commissioner

- Developed a regional smoking ban and implementation plan.
- Created West Nile Virus community strategy.
- Designed community-coalitions addressing the emergent heroin and oxycontin epidemics, ongoing substance abuse efforts with active injection drug users including pilot program to distribute Narcan for opioid overdoses.

HIV/AIDS Consultancies in Africa: served as trainer, clinical mentor, and program designer.

2004 Mali: HIV Program Assessment (University of West Virginia)

2004 Mozambique: Health Alliance International HIV clinical capacity assessment for ARV roll-out,

Adherence through peer-led consumer group development.

2003 Mozambique: MCTC+ (Columbia University): provision of clinical HIV services on ARV adherence.

2002 Namibia (World Education, Inc.): assessment of counseling and testing programs.

The Cambridge Health Alliance, Cambridge, MA

2002-2003

Cambridge Hospital, The Zinberg Clinic

Clinical Manager

- Managed high-paced multi-disciplinary, multi-cultural HIV clinic that served diverse patients.
- Outreach and patient recruitment and development of innovative programming within the clinical setting.

Massachusetts Department of Public Health

1990-1999

Director of Health Services Unit

- Senior Manager with a staff of eight, responsible for all aspects of health services for HIV infected individuals including developing primary and specialty care programs for uninsured, access to AIDS medications, developed supported housing for 900 clients, home care and comprehensive HIV/AIDS programs for infected incarcerated men and women.
- Responsible for programmatic evaluation, intergovernmental collaboration and policy development. Produced eight requests

for proposals, five successful grant applications for federal funding. Oversaw the Needle Exchange Program evaluation.

**Boston City Hospital, Long-Term Care Medical Group,
Boston 1987-1990**

Nurse Coordinator

- Directed and coordinated a five-physician practice that delivered home care to inner city elderly.
- Developed a geriatric clinic in the outpatient department and trained house staff in community-based geriatrics. Authored an information column in local paper.

**Dorchester House Health Center, Dorchester,
MA 1985-1987**

Director of Nursing

- Responsible for all aspects of clinic management including nurse practitioners, licensed practical nurses, nursing assistants, and nutritionists.
- Staffed the family planning clinic. Managed staff, hired employees, and evaluated performance.
- Responsible for quality of nursing care.

**Cambridge Visiting Nurse Association, Cambridge,
MA 1980-1985**

Staff Nurse to Portuguese Community

- Responsible for planning and providing care to immigrant population, primarily from the Azores.
- Liaison with the Cambridge Organization of Portuguese-Americans.

**Ministry of Health, Mozambique, Africa
1978-1980**

Hospital Central da Beira

Clinician

- Head nurse to the Emergency Room and Neighborhood Health Post diagnosing and treating endemic diseases that included malaria, TB, Schistosomiasis, cholera and malnutrition.
- Organized preventative health services in market places, schools, and factories. Developed occupational health and vaccination programs.
- Managed a health post that initiated prenatal and family planning services.
- Taught midlevel technicians and nurses.
- Wrote reports and collected data for the Ministry.

Publications, Studies, and Affiliations

- Maya Doe-Simkins, Alexander Y. Walley, Andy Epstein, and Peter Moyer, *Am J Public Health*. 2009 May; 99(5): 788-791. Saved by the Nose: Bystander-Administered Intranasal Naloxone Hydrochloride for Opioid Overdose.
- Ascherio A., Biellik R., Epstein A., et al. Deaths and Injuries Caused by Land Mines in Mozambique. *The Lancet* 1995; 346: 721-724.
- Jelley D., Epstein A., Epstein PR. Mozambique. In: Saltman RB (Ed.) *The International Handbook of Healthcare Symptoms*. Greenwood Press 1988. Westport, Conn. USA pp. 197-214.
- Epstein A. HI, Massachusetts HIV-1 programme. In: *The Lancet* 1998; vol: 351 p.1439.
- Epstein A., Case P., Austin B., et al. Setting up a Needle Exchange, MDPH, 1996.
- Epstein A., Williams L. Debt Relief for Mozambique, *The Boston Globe*, 10 March 2000.
- Organized Maputo Conference on Health in Southern Africa, 1990.
- Conceived and participated in a study documenting the effects of the War in El Salvador on the civilian population, San Jose Las Flores, Chalatenango, 1988.
- Co-sponsored a study on land mines in Mozambique, Africa, documenting the impact of land mines in rural provinces. This research became *the* case study used by the International Committee to Ban Land Mines, sponsored Physicians for Human Rights, 1994.
- Board of Directors, Health Alliance International, 1994 – present.
- Board of Directors, Cambridge Cares About AIDS, 2003-present.

6.B.

10

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Tue 1/25/2022 3:39 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly

Name	Adrienne (Andy) Epstein, RN, MPH
Address	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Application for specific Board/Commission?	Advisory Council on Public Health
What type of experience can you offer this Board/Commission?	I have many years of experience in Clinical Nursing and Public Health. This includes both on the ground global health and work both at the Boston Public Health Commission and the MA Department of Public Health
What type of issue would you like to see this Board/Commission address?	I'm interested in participating in work with the Brookline Department of Public Health Advisory Council in the wide variety of issues such as infectious disease, food security, recent immigrants' needs and other social determinants of health
Are you involved in any other Town activities?	NA
Do you have time constraint that would limit your ability to attend one to two meetings a month?	No time constraints.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	AndyEpsteinresume.pdf

Email not displaying correctly? [View it in your browser](#)

[EXTERNAL EMAIL] [CAUTION] This email originated from a sender outside of the Town of Brookline mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

7.A.

From: Ben Kaufman, Town Clerk

To: Heather Hamilton, Select Board Chair

Re: Ballot Machines for the May 3, 2022 Annual Town Election

Chair Hamilton,

This memo is intended to provide information related to the usage of new elections equipment for the May 3, 2022 Annual Town Election.

The 2021 Annual Town Meeting authorized funds the purchase new elections equipment to replace the AccuVote Ballot Scanning and Tabulation voting equipment that are currently in use. The Brookline Town Clerk's office, with the help of the Chief Procurement Officer, underwent an RFP process for new elections equipment. Two companies submitted bids. After a review process that included demonstrations of the machines, consultation with current and former Town Clerk staff and elections workers, and review of the proposals, the contract has been awarded to Elections Systems and Software to provide 27 DS200 Precinct Scanners and Tabulators, along with necessary equipment and supplies.

The Town Clerk's office plans to take delivery of the new elections equipment in late March, and the machines will first be put into use at the May 3, 2022 Annual Town Election.

The Town Clerk's office is requesting that the Select Board vote to approve the legally-required language that both discontinues our usage of the AccuVote Ballot Scanning and Tabulation voting equipment, and authorizes the usage of the DS200 Precinct Scanners and Tabulators, beginning at the May 3, 2022 Annual Town Election, and at all subsequent Federal, State, or Local Primary or General elections.

Town of Brookline FY23 Program Budget

Administration and Finance I Town Clerk



Program Description

The Town Clerk is elected to a three-year term by the citizens of the Town. The Department has three subprograms - Public Records, Elections, and Voter Registration - that are mandated by Federal and State statutes and Town By-Laws to record, implement, compile, and preserve the actions and directives of the Town's executive and legislative branches. The principal duties of the office are to maintain factual public records and to administer fair and accurate elections. The Department's responsibilities also include secretarial duties for the Board of Registrars of Voters.

A brief description of each of the subprograms is as follows:

1. **Public Records** — Duties include the keeping of the Town Seal and all official records of the Town; maintaining all rules, regulations, and by-laws governing the Town's various boards, departments, commissions, and committees; certifying Town Meeting actions and official documents; performing oaths of office; recording all births, deaths, and marriages and issuing certified copies of same; issuing licenses, permits, certificates, and renewals.
2. **Elections** - The Town Clerk is the mandated authority for conducting federal, state, and local elections. The Town Clerk serves as the custodian of the voting machines and is responsible for the supervision and instruction of over 200 election workers in the use of those machines and in laws pertinent to their duties. The Town Clerk is required to provide certified election results to the Office of the Secretary of State, the Bureau of Accounts, and numerous other governing bodies and agencies.
3. **Voter Registration** - The Town Clerk serves as an ex-officio member of the Board of Registrars of Voters. Duties include registering all eligible residents of the Town as voters, producing a street list of the residents of the Town, and certifying signatures of registered voters of the Town on nomination papers of candidates for federal, state, and local office, as well as referendum and initiative petitions.

8.A.

FY23 Objectives

1. Increase staff Training
2. Provide up to date digital version of the Town Bylaws with a legislative history.
3. Implement new voting machines and equipment
4. Successfully run elections with new precincts, including new split precincts
5. Further digitize procedures in the Town Clerk's office, including the Town Census
6. Reorganize and begin to digitize files in the office, vault and other spaces
7. Establish written protocol for various services- Vital records, Dogs, Elections

FY22 Accomplishments

1. Transitioned in a new Town Clerk and new front-office staff
2. Completed Redistricting process
3. Successfully implemented electronic processes for Dog Licenses and Marriage Intentions.
4. Resumed providing all services that had been halted during COVID, including Justice of the Peace and Notary Public services.

FY23 Budget Line Item Report

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
SALARIES				
(510101) PERMANENT FULL TIME	\$431,361	\$403,340	\$389,824	-\$13,516
(510102) PERMANENT PART TIME	\$2,000	\$4,500	\$4,500	\$0
(510201) TEMPORARY FULL TIME	\$200,688	\$80,500	\$242,000	\$161,500
(510300) OVERTIME PAY	\$157,700	\$5,548	\$51,195	\$45,647
(510901) PART TIME TEMPORARY SAL	\$100,845	\$2,500	\$2,500	\$0
(513044) LONGEVITY PAY	\$3,154	\$1,250	\$900	-\$350
(514501) EXTRA COMPENSATION	\$17,952	\$2,000	\$2,000	\$0
(514510) SICK PAY BUYOUT	\$10,256	\$0	\$0	\$0
(515058) VACATION BUYOUT	\$57,503	\$0	\$0	\$0
(515059) A DAY BUYOUT	\$9,614	\$0	\$0	\$0
(515501) CLOTHING-UNIFORM ALLOWANCE	\$1,650	\$1,650	\$1,650	\$0
(OFFSETS) OFFSET	\$0	-\$11,000	-\$11,000	\$0
SALARIES TOTAL	\$992,724	\$490,288	\$683,569	\$193,281
SERVICES				
(522010) OFFICE EQUIP R & M	\$1,077	\$1,000	\$1,000	\$0
(522015) D P EQUIP R & M	\$110	\$0	\$0	\$0
(523011) COPY EQUIP RENTAL/LEASES	\$2,299	\$3,472	\$3,472	\$0
(523070) MOTOR VEHICLE/EQUIP RNTL	\$6,076	\$5,500	\$5,500	\$0
(524010) PROFESSIONAL/TECH SERVICE	\$29,973	\$38,900	\$38,900	\$0
(524020) LEGAL SERVICES	\$5,745	\$1,500	\$1,500	\$0
(525002) WIRELESS COMMUNICATIONS	\$1,014	\$1,000	\$1,000	\$0
(525022) POSTAGE	\$21,652	\$25,000	\$25,000	\$0
(525030) PRINTING SERVICES	\$23,535	\$25,300	\$33,300	\$8,000
(525060) ADVERTISING SERVICES	\$3,337	\$4,000	\$4,000	\$0
(528080) SUBSCRIPTIONS	\$165	\$4,500	\$4,500	\$0
SERVICES TOTAL	\$94,983	\$110,172	\$118,172	\$8,000
SUPPLIES				
(531012) OFFICE SUPPLIES	\$14,430	\$5,250	\$9,250	\$4,000
(533210) MEALS & RECEPTIONS	\$13,798	\$10,000	\$18,000	\$8,000
SUPPLIES TOTAL	\$28,228	\$15,250	\$27,250	\$12,000

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
OTHER				
(551099) EDUCATION/TRAINING/CONFERENCES	\$170	\$0	\$0	\$0
(553010) PROFESSIONAL DUES/MEMBERS	\$150	\$500	\$500	\$0
OTHER TOTAL	\$320	\$500	\$500	\$0
BUDGETED CAPITAL				
(5A0017) LEASED COMPUTER EQUIPMENT	\$758	\$1,030	\$1,030	\$0
BUDGETED CAPITAL TOTAL	\$758	\$1,030	\$1,030	\$0
TOTAL	\$1,117,013	\$617,240	\$830,521	\$213,281

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
REVENUES	\$161,113	\$118,200	\$118,200	\$0
REVENUES LESS EXPENSES	\$161,113	\$118,200	\$118,200	\$0

Public Records

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
SALARIES	\$507,624	\$306,415	\$291,881	-\$14,534
SERVICES	\$21,905	\$18,802	\$18,802	\$0
SUPPLIES	\$5,797	\$1,500	\$1,500	\$0
OTHER	\$320	\$500	\$500	\$0
BUDGETED CAPITAL	\$436	\$1,030	\$1,030	\$0
TOTAL	\$536,083	\$328,247	\$313,713	-\$14,534

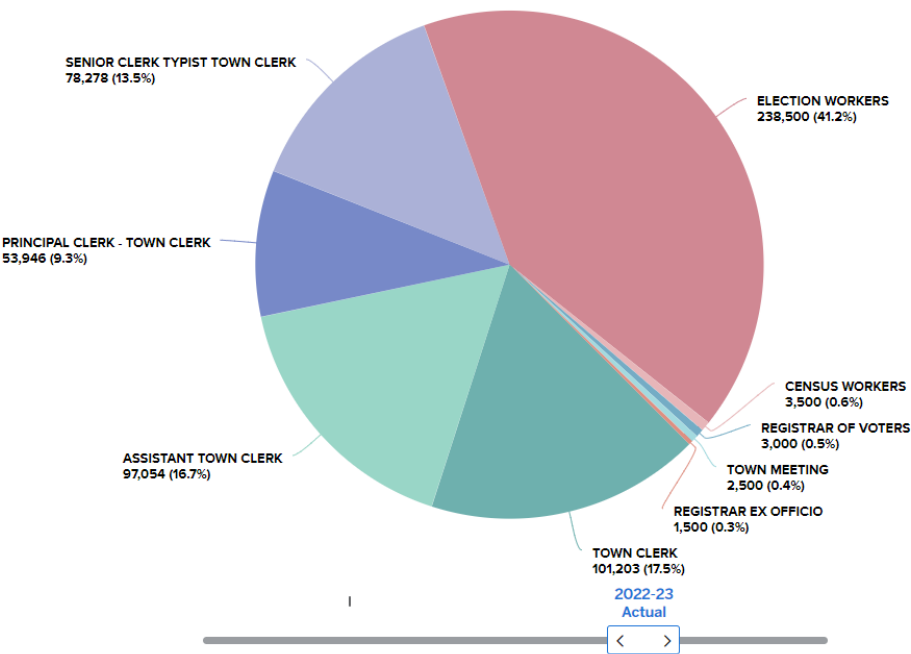
Elections

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
SALARIES	\$366,649	\$68,640	\$275,787	\$207,147
SERVICES	\$47,401	\$53,203	\$60,203	\$7,000
SUPPLIES	\$20,377	\$12,250	\$20,250	\$8,000
TOTAL	\$434,428	\$134,093	\$356,240	\$222,147

Voter Registration

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
SALARIES	\$118,450	\$115,233	\$115,901	\$668
SERVICES	\$25,676	\$38,167	\$39,167	\$1,000
SUPPLIES	\$2,054	\$1,500	\$5,500	\$4,000
BUDGETED CAPITAL	\$322	\$0	\$0	\$0
TOTAL	\$146,502	\$154,900	\$160,568	\$5,668

FY23 FTE Salary



	FY23 FTE	FY23 Salary
TOWN CLERK	1.00	101,203.00
ASSISTANT TOWN CLERK	1.00	97,054.00
PRINCIPAL CLERK - TOWN CLERK	1.00	53,946.00
SENIOR CLERK TYPIST TOWN CLERK	1.50	78,278.00
ELECTION WORKERS	0.00	238,500.00
CENSUS WORKERS	0.00	3,500.00
REGISTRAR OF VOTERS	0.00	3,000.00
TOWN MEETING	0.00	2,500.00
REGISTRAR EX OFFICIO	0.00	1,500.00
TOTAL	4.50	579,481.00

8.A.

TOWN CLERK

PERFORMANCE / WORKLOAD INDICATORS

	ESTIMATE CY2020	ACTUAL CY2020	ESTIMATE CY2021	ACTUAL CY2021	ESTIMATE CY2022	ESTIMATE CY2023
Performance:						
% of Eligible Registered Voters Participating (average)	45.0%	47.8%	17%	18.7%	30.0%	17%
% Rate of Return for Census Forms	65.0%	N/A	65%	62.5%	65.0%	65%
Hours Election Workers Trained	24	24	5	5	20	5
Workload:						
Total Elections	4	4	1	1	3	1
Total Residents as determined by Town Census Respondents	47,000	N/A	48,000	51,887	52,000	53,000
Registered Voters	41,000	40,345	37,500	39,624	40,000	38,000
Inactive Voters	6,000	N/A	6,500	13,293	6,000	9,000
Marriage Intentions	315	153	320	337	340	340
Dog Licenses	2,500	1,190	2,550	3,142	3,200	3,200
Green Dog Licenses	1,650	1,352	1,650	1,914	2,000	2,000
Business Certificates	190	136	200	195	200	200
Other (B/D/M License)	1,050	895	1,100	1,146	1,150	1,200

PERFORMANCE / WORKLOAD INDICATORS (con't)

	ESTIMATE CY2020	ACTUAL CY2020	ESTIMATE CY2021	ACTUAL CY2021	ESTIMATE CY2022	ESTIMATE CY2023
Voters Registered	4,500	5,377	2,500	2,881	4,500	2,500
Party/Address/All Changes	4,300	4,577	3,000	2,028	3,000	2,000
Voters Inactivated	4,000	5	4,200	9,115	4,000	4,200
Voters Deleted	2,500	2,732	4,300	3,409	2,800	3,000

Town of Brookline FY23 Program Budget

Administration and Finance | Legal



Program Description

The Office of Town Counsel functions as the Town of Brookline's municipal counsel, providing legal advice to Town officials and employees in Town related matters. With staff support, the Town's counsel represent the Town and its officials and employees in claims and lawsuits in which they are named as parties, including personal injury and property damage claims that are brought under M.G.L. c. 84 and the Massachusetts Tort Claims Act; at administrative hearings and appeals before state and federal agencies, and in the state and federal trial and appellate courts. The Town's counsel draft, review and approve contracts, leases, and other municipal legal instruments; respond to open meeting and public records law requests and complaints; provide daily advice to officials, administrators and town and school department employees in matters concerning education, employment, open meeting, public record, conflict of interest, and zoning law; and provide advice and support to Town Meeting members and others in matters pertaining to Town Meeting.

FY23 Objectives

1. Revise the department's website to increase community engagement and to improve the legal support for Town departments, officials and Town Meeting.
2. Draft Special Legislation and related proposed bylaw changes to authorize the Select Board to delegate licensing functions.
3. Complete negotiations with all Town unions.
4. Attend the Massachusetts Commission Against Discrimination's "Train the Trainer" course to enable the department to train Town staff on current discrimination law.
5. Advise on revisions to Town contracts to allow more efficient procurement of contractors and services.
6. Revise approaches to Open Meeting Law and Conflict of Interest Law training to better promote community engagement.
7. Expose each of the Office's attorneys to a greater variety of legal subjects.
8. Obtain favorable rulings in the pending federal and state court cases.
9. Provide Town Boards, Commissions and Departments with the timely legal information they need to make decisions and set policy.

10. Centralize and organize items of particular legal importance to the Town, such as Special Acts and Local Option statutes adopted by the Town.

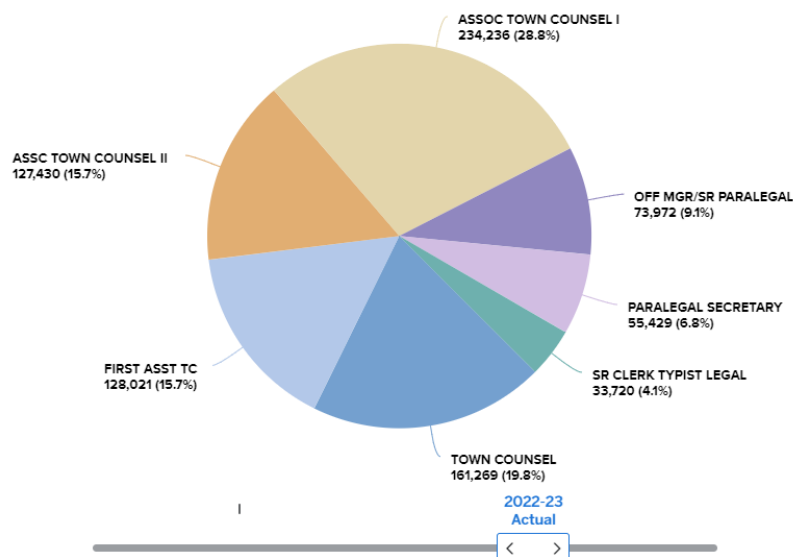
FY22 Accomplishments

1. Assisted with negotiating, drafting and reviewing numerous contracts and other legal documents related to creating affordable housing, real estate transactions and clean energy projects, including the installation of solar panels on several Town buildings.
2. Assisted with establishing and drafting restaurant outdoor seating policies and procedures.
3. Secured a dismissal of an unfair labor practice charge filed by the fire union thereby avoiding a full hearing on the matter.
4. Assisted with drafting warrant articles proposing amendments to the Town's zoning and general by-laws.
5. Settled two grievances and one unfair labor practice charge, thus avoiding full hearings and the costs associated with those hearings.
6. Led and managed negotiations with all bargaining units in the Town.
7. Successfully defended the Department of Public Works before the Attorney General's Bid Protest Unit, where it awarded a contract to the second low bidder because it deemed the lowest bidder not responsible.
8. Assisted with drafting special legislation and related proposed bylaw changes to authorize Select Board delegation of licensing functions.
9. Provided legal advice and support related to marijuana licensing policy and regulation.
10. Successfully opposed a summary judgment motion alleging that a decision of the Preservation Commission was arbitrary and unreasonable.

FY23 Budget Line Item Report

	FY21 Actuals	FY22 Budget	FY23 Budget	Variance
SALARIES				
(510101) PERMANENT FULL TIME	\$869,273	\$778,896	\$780,355	\$1,459
(510102) PERMANENT PART TIME	\$25,344	\$33,955	\$33,720	-\$235
(513044) LONGEVITY PAY	\$4,350	\$4,048	\$3,450	-\$598
(514510) SICK PAY BUYOUT	\$5,000	\$0	\$0	\$0
(515058) VACATION BUYOUT	\$33,057	\$0	\$0	\$0
(515059) A DAY BUYOUT	\$15,850	\$0	\$0	\$0
(515501) CLOTHING-UNIFORM ALLOWANCE	\$550	\$550	\$550	\$0
(OFFSETS) OFFSET	\$0	-\$5,000	-\$5,000	\$0
SALARIES TOTAL	\$953,423	\$812,449	\$813,075	\$626
SERVICES				
(522010) OFFICE EQUIP R & M	\$0	\$150	\$150	\$0
(522015) D P EQUIP R & M	\$0	\$150	\$150	\$0
(523011) COPY EQUIP RENTAL/LEASES	\$2,208	\$3,059	\$3,059	\$0
(524008) GENERAL CONSULT SERVICES	\$74,618	\$133,510	\$153,510	\$20,000
(525002) WIRELESS COMMUNICATIONS	\$1,552	\$1,900	\$1,900	\$0
(528040) LITIGATION COSTS	\$39,053	\$22,500	\$22,500	\$0
(528080) SUBSCRIPTIONS	\$25,510	\$22,000	\$25,000	\$3,000
SERVICES TOTAL	\$142,941	\$183,269	\$206,269	\$23,000
SUPPLIES				
(531012) OFFICE SUPPLIES	\$813	\$2,500	\$2,500	\$0
SUPPLIES TOTAL	\$813	\$2,500	\$2,500	\$0
OTHER				
(553010) PROFESSIONAL DUES/MEMBERS	\$3,347	\$4,000	\$4,000	\$0
(553020) IN STATE CONFERENCES	\$1,425	\$2,500	\$2,500	\$0
(556010) CLAIMS & SETTLEMENTS	\$76,433	\$75,000	\$75,000	\$0
OTHER TOTAL	\$81,205	\$81,500	\$81,500	\$0
BUDGETED CAPITAL				
(5A0017) LEASED COMPUTER EQUIPMENT	\$1,533	\$1,615	\$1,880	\$265
BUDGETED CAPITAL TOTAL	\$1,533	\$1,615	\$1,880	\$265
TOTAL	\$1,179,915	\$1,081,333	\$1,105,224	\$23,891

FY23 FTE Salary



8.A.

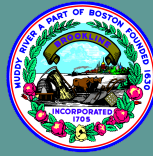
	FY23 FTE	FY23 Salary
TOWN COUNSEL	1.00	161,269.00
FIRST ASST TC	1.00	128,021.00
ASSC TOWN COUNSEL II	1.00	127,430.00
ASSOC TOWN COUNSEL I	2.00	234,236.00
OFF MGR/SR PARALEGAL	1.00	73,972.00
PARALEGAL SECRETARY	1.00	55,429.00
SR CLERK TYPIST LEGAL	0.71	33,720.00
TOTAL	7.71	814,077.00

PERFORMANCE / WORKLOAD INDICATORS

	ACTUAL FY2020	ESTIMATE FY2021	ACTUAL FY2021	ESTIMATE FY2022	ESTIMATE FY2023
Claims & Lawsuits - Filed	117	130	90	125	110
Claims & Lawsuits - Active	83	85	86	80	75
Claims & Lawsuits - Disposed	64	50	56	60	55
Petitions to Foreclose	27	30	26	25	20
Tax Title Cases in Land Court	12	15	13	10	17
Medical Panel Claims	81	82	82	81	81
Zoning Board Of Appeals Matters	8	5	5	6	5
Appellate Tax Board Matters	2	3	1	3	2
Bankruptcy Cases	7	12	9	10	7
Real Property Leases - Drafted/Reviewed	8	10	7	10	10
Contracts/Agreements/Legal Instruments	145	150	141	140	140
Formal/Informal Legal Opinions	52	40	38	40	40
Warrant Article Review	13	10	10	12	12
Affordable Housing Projects/Closings	7	7	4	8	5
Town Property Damage Recovery	15	25	13	20	15
Miscellaneous Legal Matters	50	30	33	40	40

Town of Brookline FY23 Program Budget

Leisure Services I Recreation



Program Description

The Recreation Department provides high quality, affordable activities and services year round. Our mission is to enhance the quality of life through enriching experiences, which support the Brookline Community in developing and maintaining healthy lifestyles.

The Park and Recreation Commission consists of seven residents appointed by the Select Board and services as a policy-making body to the Recreation Department. The Commission is responsible for providing year-round, high quality indoor and outdoor recreation activities for children, youths, and adults. The goals of the Commission are the deliver active programs that provide cultural, social, mental, and physical elements to get to health and fitness of the whole person. Furthermore, the Commission goals is to ensure the programs take place in a well-maintained park or facility. The Commission is also concerned with meeting community-based needs with programs that are cost-effective and within the reach of the overall community resource base, while providing the highest level of participant satisfaction through supervised programs, have safety as top priority, and well presented. Individuals with special conditions are entitled to full participation in any Recreation Department program.

The Recreation Department maintains three budgets: General Fund, The Golf Course Enterprise Fund, and the Recreation Revolving Fund. Please see the detail of these two separate funds that follow this General Fund Budget Recommendation.

The General Fund has two categories: Administration and Aquatics.

The **Administration Sub-Program** is responsible for the overall workings of the Department in accordance with the policies established by the Park and Recreation Commission. Staff organize, maintain, and control all recreation services, either as direct department functions or in cooperation with other municipal agencies or volunteer groups. These individuals recruit, select, assign, supervise and evaluate personnel, conduct training sessions, and recommend new programs. The management team monitors the expenditure of funds, prepares annual estimates of

financial need and master plans, and supervises the record of receipts and expenditures.

The **Aquatics Sub-Program** funds the Evelyn Kirrane Aquatic Center complex that consists of three pools: a 42' X 75' lap pool, a 30' X 36' diving pool, and a 25' X 36' teaching pool. The Aquatic Center is available to the Public Schools of Brookline during the school year for high school athletics and health and wellness classes. Hundreds of Summer Campers enjoy The Center during summer months. Community members of all ages enjoy the facility on weekends, evenings, and early mornings. In FY19, the Aquatic Center reported 81,000 user days.

FY23 Objectives

1. Continue to CAPRA Accreditation project (In year 3 of 5 year project)
2. Initiative to get back the General Fund to pre-Covid-19 pandemic funding level
3. Implement Recreation's Community Engagement Goals
4. Implement Recreation's Equity Goals
5. Add new Engagement Coordinator Position

FY22 Accomplishments

1. Completed fifty percent of the required general policy updates to qualify for CAPRA Accreditation
2. Recreation began implementing our Recreation Community Engagement Plan
3. Recreation began implementing our Recreation Equity Plan
4. All Staff Training incorporated staff training and input into the Recreation Equity Plan

FY23 Budget Line Item Report

	FY21 Actuals	FY23 Budget	Variance
SALARIES			
(510101) PERMANENT FULL TIME	\$750,318	\$820,217	\$85,228
(510140) SHIFT DIFFERENTIAL	\$3,915	\$6,361	\$0
(510300) OVERTIME PAY	\$4,308	\$9,355	\$0
(510901) PART TIME TEMPORARY SAL	\$1,756	\$0	\$0
(513044) LONGEVITY PAY	\$7,538	\$6,450	\$1,100
(514510) SICK PAY BUYOUT	\$2,524	\$0	\$0
(515058) VACATION BUYOUT	\$28,625	\$0	\$0
(515059) A DAY BUYOUT	\$12,726	\$0	\$0
(515501) CLOTHING-UNIFORM ALLOWANCE	\$2,338	\$2,800	\$0
SALARIES TOTAL	\$814,048	\$845,183	\$86,328
SERVICES			
(522070) MOTOR VEHICLE/EQUIP R & M	\$395	\$0	\$0
(523016) SOFTWARE SERVICE CONTRACT	\$9,502	\$11,000	\$0
(523090) OTHER RENTALS/LEASES	\$359	\$312	\$0
(524002) OFFICE/CLERICAL SERVICES	\$396	\$245	\$0
(525002) WIRELESS COMMUNICATIONS	\$10,012	\$10,380	\$0
(525060) ADVERTISING SERVICES	\$80	\$1,100	\$0
SERVICES TOTAL	\$20,743	\$23,037	\$0
SUPPLIES			
(531012) OFFICE SUPPLIES	\$7,191	\$14,480	\$0

8.A.

	FY21 Actuals	FY23 Budget	Variance
(532015) EQUIPMENT MAINT SUPPLIES	\$7,575	\$19,000	\$0
(532030) MAINTENANCE SUPPLIES	\$52,258	\$46,000	\$0
(533111) SPECIAL PROGRAM SUPPLIES	\$37	\$6,000	\$0
(535010) MEDICAL SUPPLIES	\$252	\$1,000	\$0
(539020) RECREATION SUPPLIES	\$7,185	\$0	\$0
SUPPLIES TOTAL	\$74,498	\$86,480	\$0
OTHER			
(551020) IN STATE TRAVEL -OTHER	\$5	\$0	\$0
(551099) EDUCATION/TRAINING/CONFERENCES	\$6,384	\$7,500	\$0
(552010) AIRFARE	\$0	\$2,400	\$0
(552020) HOTEL	\$0	\$1,300	\$0
(553010) PROFESSIONAL DUES/MEMBERS	\$675	\$1,200	\$0
OTHER TOTAL	\$7,064	\$12,400	\$0
UTILITIES			
(561010) ELECTRICITY	\$103,235	\$137,437	\$22,605
(561011) NATURAL GAS	\$30,257	\$30,660	-\$4,609
(561021) GASOLINE	\$948	\$7,715	\$1,954
(561022) DIESEL	\$0	\$1,350	-\$1,622
(561030) WATER	\$8,023	\$15,525	-\$260
UTILITIES TOTAL	\$142,463	\$192,687	\$18,068
BUDGETED CAPITAL			
(5A0017) LEASED COMPUTER EQUIPMENT	\$2,605	\$3,000	\$0
BUDGETED CAPITAL TOTAL	\$2,605	\$3,000	\$0
TOTAL	\$1,061,421	\$1,162,787	\$104,396

	FY21 Actuals	FY23 Budget	Variance
REVENUES	\$0	\$132,000	\$112,000
REVENUES LESS EXPENSES	\$0	\$132,000	\$112,000

Administration

	FY21 Actuals	FY23 Budget	Variance
SALARIES	\$497,186	\$507,154	\$12,993
SERVICES	\$20,384	\$22,245	\$0
SUPPLIES	\$7,780	\$49,980	\$0
OTHER	\$7,064	\$12,400	\$0
UTILITIES	\$22,531	\$56,002	\$26,269
BUDGETED CAPITAL	\$2,605	\$3,000	\$0
TOTAL	\$557,549	\$650,781	\$39,262

Cost Recovery

	REQUEST
REVENUES	FY2023
General Fund	132,000
Revolving Fund	4,093,699
Golf Enterprise Fund	2,580,460
TOTAL	6,806,158
EXPENDITURES	
General Fund	1,162,787
General Fund Benefits est. (current employees)	390,745
Revolving Fund	4,093,699
Golf Enterprise Fund	2,580,460
TOTAL	8,227,691
Cost Recovery	82.7%
General Fund Subsidy	17.3%

Financial Assistance

PROGRAM	FINANCIAL ASSISTANCE
Soule Center	\$18,500
Soule Gym	\$200
Environmental Ed Center	\$300
Aquatic Center	\$3,000
Eliot Center	\$6,000
Tappan	\$600
Outdoor Rec	\$20,000
Outdoor Athletic	\$500
Offsite - Out of Town Trips	\$0
TOTAL	\$49,100

8.A.

Cost Recovery measures the extent to which the cost of the Department is supported by user fees versus tax dollars. Many recreation departments across the country utilize a cost recovery model for long range strategic financial planning. The model is “best practice.” The Brookline Recreation Department has utilized the policy and model since 2010. The Cost Recovery Policy identifies the percentages of programs and services that are to be subsidized by tax dollars by assigning a level of community benefit; each program area is given a goal percentage that needs to be “recovered” based on the community benefit, then a subsidy is applied accordingly.

For example, a program or service that provides the highest level of “community benefit” will have a smaller cost recovery than a program or service that is “highly individual.” This approach to cost recovery follows the “Pyramid Methodology” that was developed in 2009. The Park and Recreation Commission adopted the methodology that year with a three-year implementation goal. The Commission’s fundamental purpose in implementing a cost recovery methodology is to provide accurate accounting and transparency to the community, and to achieve a clear consistent approach to the pricing of programs and services that the Recreation Department offer to the community.

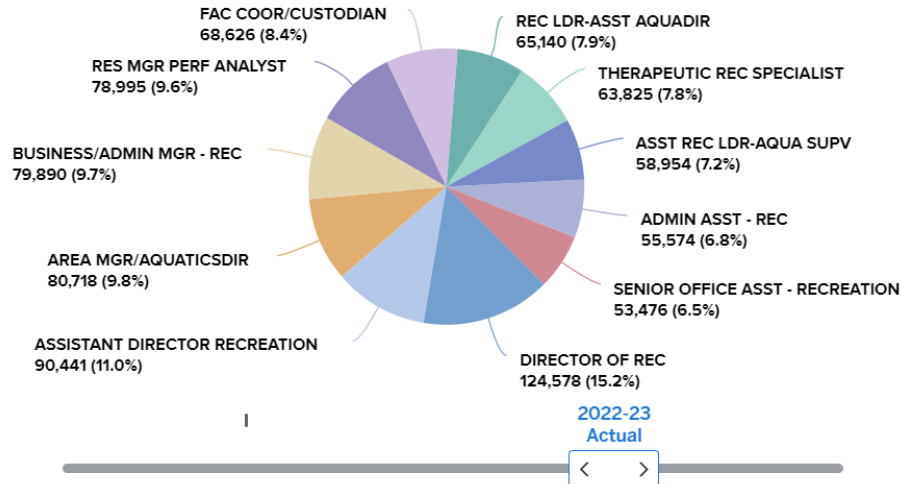
The Recreation Department will not turn away any resident from participating in a program for financial reasons. The Department provides financial aid for program fees to all qualified Brookline Residents. Park and Recreation Commission’s practice is to support families in need and ensure that everyone has the opportunity to participate in all that Brookline Recreation Department has to offer.

8.A.

Swimming Pool

	FY21 Actuals	FY23 Budget	Variance
SALARIES	\$316,862	\$338,029	\$73,335
SERVICES	\$359	\$792	\$0
SUPPLIES	\$66,718	\$36,500	\$0
UTILITIES	\$119,932	\$136,685	-\$8,201
TOTAL	\$503,872	\$512,006	\$65,134

FY23 FTE Salary



	FY23 FTE	FY23 Salary
DIRECTOR OF REC	1.00	124,578.00
ASSISTANT DIRECTOR RECREATION	1.00	90,441.00
AREA MGR/AQUATICSDIR	1.00	80,718.00
BUSINESS/ADMIN MGR - REC	1.00	79,890.00
RES MGR PERF ANALYST	1.00	78,995.00
FAC COOR/CUSTODIAN	1.00	68,626.00
REC LDR-ASST AQUADIR	1.00	65,140.00
THERAPEUTIC REC SPECIALIST	1.00	63,825.00
ASST REC LDR-AQUA SUPV	1.00	58,954.00
ADMIN ASST - REC	1.00	55,574.00
SENIOR OFFICE ASST - RECREATION	1.00	53,476.00
TOTAL	11.00	820,217.00

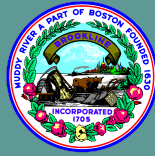
8.A.

RECREATION GENERAL FUND

PERFORMANCE / WORKLOAD INDICATORS	ACTUAL FY2020	ESTIMATE FY2021	ACTUAL FY2021	ESTIMATE FY2022	ESTIMATE FY2023
Community Engagement					
Total Participants Per Year By Facility:					
Soule Childcare	70	43	43	53	53
Karrane Aquatics Center	19,758	7,937	9,257	27,000	27,000
Ice Rink (open skate - user days; 1 person *2 visits = 2 user days)	10,667	11,000	10,358	10,500	11,500
Days of Year BREC Offers Programming:	284	364	364	364	364
Total Programs:	435	310	228	612	658
Social Platforms					
Facebook Likes	2,259	2,300	2,377	2,477	2,577
Twitter Followers	2,137	2,150	2,237	2,337	2,437
Instagram Followers	916	950	1132	1348	1564
Diversity and Inclusion					
Free Programs Attendance:					
Free Brookline Day Event Est. Attendance	N/A	N/A	N/A	N/A	4,500
Free Summer Concerts Est. Attendance	N/A	N/A	N/A	600	800
Monster Bash - Free Halloween Event	N/A	N/A	N/A	300	400
Aquatics Center - Open Swim (heat days)	392	294	N/A	143	250
Aquatics Center - Open House	150	150	N/A	150	150
Sustainability					
Volunteers at Rec Programs (includes Rec Therapy)					
# of Volunteers	435	323	367	468	558
# of Hrs Total	9,969	8,959	10,642	11,520	12,167
\$ Equivalent (living wage estimate)	\$144,949	\$133,668	\$158,779	\$171,878	\$181,532
# of Recreation Therapy Volunteer (user days)	55	24	180	150	150

Town of Brookline FY23 Program Budget

Leisure Services I Recreation Revolving Fund



Program Description

The Recreation Revolving Fund supports the activities that take place at Brookline's indoor and outdoor facilities including Soule Center, Soule Gym, Kirrane Skating Rink, Environmental Education Center, Kirrane Aquatic Center, Eliot Center, Tappan Facility, and the many outdoor facilities and leagues. Activities are offered to community members of all age groups and include both passive and active opportunities instruction, leagues, lessons and enrichment programs. Fees and charges that support these activities are determined according to the Cost Recovery Model. Provisions for financial assistance, as required are addressed on case-by-case basis with through Brookline Recreation's Scholarship Program.

Under Chapter 44, Section 53E ½ of the Massachusetts General Laws, the Town is authorized to establish revolving funds. This specific revolving fund enables the Recreation Department to operate numerous programs on a self-supporting basis. All revenue derived from revolving fund programs is used to offset all expenses, including salaries and benefits of employees for these same programs.

FY23 Objectives

1. Continue effort to focus on quality of core programs (childhood out of school time programs, camp, athletics, and vacation programs)
2. Continue to support the Ice Rink Feasibility Study and related work at the Larz Anderson Ice Rink
3. Market and fill new program initiatives

FY22 Accomplishments

1. We addressed core programs quality enhancements with new training, new supplies, and better location selection for services
2. Added more program variety such as: Ultimate Frisbee, Esports, Chess Wizards, and expanded successful Archery Program
3. Brookline High School Basketball coaches and players assist with the K-2 Basketball clinic and Rec teams play scrimmaegs during High School basketball games, deepening our keystone partnership with the Public Schools of Brookline

8.A. 4. Additional programs for residents at Tappan Gym on Sundays

FY23 Budget Line Item Report

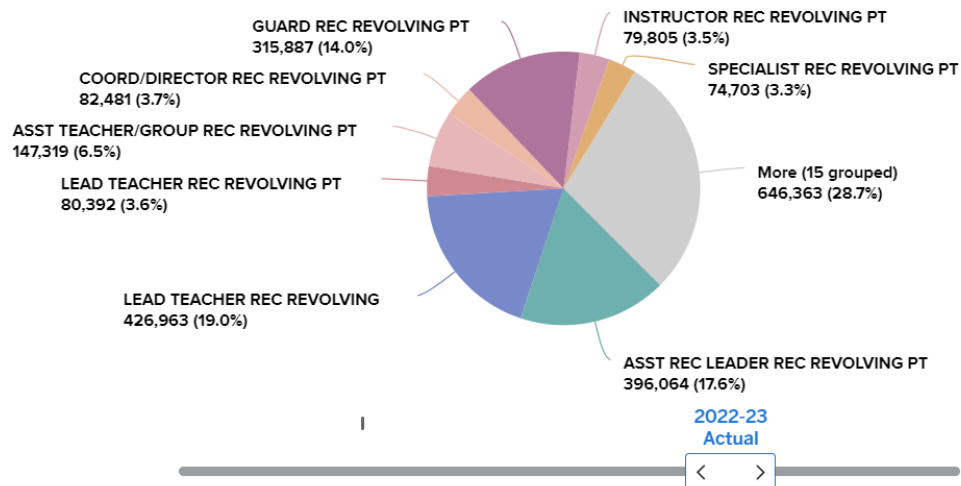
	FY21 Actuals	FY23 Budget	Variance
SALARIES			
(510101) PERMANENT FULL TIME	\$534,700	\$1,121,366	\$76,261
(510102) PERMANENT PART TIME	\$51,051	\$80,392	\$9,743
(510140) SHIFT DIFFERENTIAL	\$0	\$2,550	\$0
(510143) WORKING OUT OF CLASS	\$0	\$3,304	\$0
(510300) OVERTIME PAY	\$2,541	\$32,600	-\$4,112
(510901) PART TIME TEMPORARY SAL	\$469,348	\$1,239,624	\$125,946
(513044) LONGEVITY PAY	\$2,563	\$1,500	\$750
(514510) SICK PAY BUYOUT	\$9,306	\$0	\$0
(514540) COMP TIME TAKEN	\$0	\$5,500	\$0
(515058) VACATION BUYOUT	\$34,044	\$7,000	\$0
(515059) A DAY BUYOUT	\$8,357	\$4,200	\$0
(515501) CLOTHING-UNIFORM ALLOWANCE	\$1,512	\$4,550	\$0
(CB) COLLECTIVE BARGAINING	\$0	\$60,114	\$2
SALARIES TOTAL	\$1,113,422	\$2,562,700	\$208,589
SERVICES			
(522019) EQUIPMENT SERVICE CONTRACT	\$1,260	\$0	\$0
(522070) MOTOR VEHICLE/EQUIP R & M	\$355	\$0	\$0
(522400) BUILDING MAINTENANCE	\$20,483	\$24,710	\$0
(5224LH) R & M LARZ PAVILION/RINK	\$0	\$20,000	\$0
(523011) COPY EQUIP RENTAL/LEASES	\$6,471	\$6,800	\$300
(523013) COMPUTER HARDWARE RENTAL	\$680	\$700	\$25
(523016) SOFTWARE SERVICE CONTRACT	\$55,975	\$63,600	\$5,000
(523070) MOTOR VEHICLE/EQUIP RNTL	\$0	\$53,400	-\$5,750
(523090) OTHER RENTALS/LEASES	\$1,650	\$14,750	\$30
(523590) BUILDING CLEANING SERVICE	\$0	\$0	-\$1,000
(524008) GENERAL CONSULT SERVICES	\$4,290	\$6,500	\$0
(524010) PROFESSIONAL/TECH SERVICE	\$4,940	\$15,250	-\$1,000
(524031) INTERNET RELATED SERVICES	\$350	\$800	\$0
(524633) FIELD TRIPS	\$1,752	\$68,113	-\$3,800
(525002) WIRELESS COMMUNICATIONS	\$2,217	\$1,800	\$0
(525030) PRINTING SERVICES	\$0	\$62,500	\$1,000
(525060) ADVERTISING SERVICES	\$1,800	\$100	\$0
(525200) RECREATION SERVICES	\$14,475	\$111,840	\$71,903
(525220) ATHLETIC EVENT OFFICAL FE	\$10,000	\$28,000	\$4,260
(525250) ENTERTAINERS-LECTURERS	\$750	\$28,400	\$2,000
(528005) CREDIT CARD SERVICE CHARGES	\$11,677	\$26,667	\$0
(528010) BANKING SERVICES	\$10,246	\$45,732	\$1,000
(528020) LICENSES	\$1,190	\$4,550	\$0
(528030) LAUNDRY SERVICES	\$0	\$0	-\$250
(528080) SUBSCRIPTIONS	\$0	\$0	-\$2,000
SERVICES TOTAL	\$150,561	\$584,212	\$71,718
SUPPLIES			
(531012) OFFICE SUPPLIES	\$1,601	\$1,150	\$0
(531018) DATA PROCESSING SOFTWARE	\$1,812	\$3,000	\$0
(532015) EQUIPMENT MAINT SUPPLIES	\$0	\$7,500	-\$200
(533111) SPECIAL PROGRAM SUPPLIES	\$0	\$29,250	\$300
(533210) MEALS & RECEPTIONS	\$4,039	\$28,955	-\$1,980
(533220) FOOD SERVICE SUPPLIES	\$0	\$8,800	-\$13,000
(535010) MEDICAL SUPPLIES	\$1,170	\$12,250	\$1,650
(539020) RECREATION SUPPLIES	\$49,201	\$152,579	\$14,676
SUPPLIES TOTAL	\$57,823	\$243,484	\$1,446
OTHER			
(551099) EDUCATION/TRAINING/CONFERENCES	\$19,645	\$56,550	-\$3,000
(552010) AIRFARE	\$0	\$250	\$0

8.A.

	FY21 Actuals	FY23 Budget	Variance
(552020) HOTEL	\$0	\$250	\$0
(553010) PROFESSIONAL DUES/MEMBERS	\$15,276	\$41,575	\$3,550
(558001) CASH OVER-SHORT	\$65	\$0	\$0
OTHER TOTAL	\$34,985	\$98,625	\$550
UTILITIES			
(561010) ELECTRICITY	\$100,511	\$111,005	\$23,110
(561011) NATURAL GAS	\$11,853	\$15,332	-\$4,253
(561014) PROPANE	\$1,316	\$1,515	-\$935
(561030) WATER	\$7,367	\$6,396	-\$419
UTILITIES TOTAL	\$121,046	\$134,248	\$17,503
BUDGETED CAPITAL			
(5A0013) FURNITURE, FIXTURES, EQUIPMENT	\$0	\$3,500	-\$500
(5A0017) LEASED COMPUTER EQUIPMENT	\$880	\$6,930	\$250
BUDGETED CAPITAL TOTAL	\$880	\$10,430	-\$250
INTERFUND TRANSFERS OUT			
(597100) TRANSFERS TO GENERAL FUND	\$395,523	\$460,000	-\$85,788
INTERFUND TRANSFERS OUT TOTAL	\$395,523	\$460,000	-\$85,788
TOTAL	\$1,874,240	\$4,093,699	\$213,768

	FY21 Actuals	FY23 Budget	Variance
REVENUES	\$2,389,207	\$4,093,699	\$213,768
REVENUES LESS EXPENSES	\$2,389,207	\$4,093,699	\$213,768

FY23 FTE Salary



8.A.

	FY23 FTE	FY23 Salary
DIR EARLY LEARN CTR	1.00	73,302.00
AD LEAD TEACH/COORD	1.00	58,190.00
REC LEADER II	1.00	66,443.00
REC LEADER	1.00	62,134.00
ADMIN LEAD TEACHER REC REVOLVING	1.00	68,653.00
ENVIRO ED OUTR COORD	1.00	62,211.00
ASST REC LEADER REC REVOLVING PT	0.00	396,064.00
CURR COORD/LEAD TEACH	1.00	56,597.00
LEAD TEACHER REC REVOLVING	8.00	426,963.00
BUILDING CUSTODIAN REC REVOLVING	1.00	55,468.00
LEAD TEACHER REC REVOLVING PT	1.50	80,392.00
ASST TEACHER/GROUP REC REVOLVING PT	0.00	147,319.00
BUS DRIVER REC REVOLVING PT	0.00	1,413.00
COACH REC REVOLVING	0.00	50,480.00
CONCESSIONS/PRO SHOP REC REVOLV PT	0.00	16,427.00
COORD/DIRECTOR REC REVOLVING PT	0.00	82,481.00
COUNSELOR REC REVOLVING PT	0.00	9,114.00
CUSTODIAN REC REVOLVING PT	0.00	39,661.00
GUARD REC REVOLVING PT	0.00	315,887.00
INSTRUCTOR REC REVOLVING PT	0.00	79,805.00
MANAGER REC REVOLVING PT	0.00	11,020.00
REFEREE REC REVOLVING PT	0.00	15,250.00
SPECIALIST REC REVOLVING PT	0.00	74,703.00
TOTAL	17.50	2,249,977.00

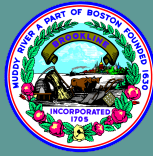
RECREATION REVOLVING FUND

PERFORMANCE / WORKLOAD INDICATORS

	ACTUAL FY2020	ESTIMATE FY2021	ACTUAL FY2021	ESTIMATE FY2022	ESTIMATE FY2023
Community Engagement					
Total Participants Per Year By Facility:					
Soule Childcare	70	43	43	53	53
Kirrane Aquatics Center	19,758	7,937	9,257	27,000	27,000
Ice Rink (open skate - user days; 1 person *2 visits = 2 user days)	10,667	11,000	10,358	10,500	11,500
Days of Year We Offer "OST" Programming:	363	363	364	364	364
After School (all school year & additional)	40	16	40	40	40
Vacation Week (total#)	36	60	36	60	60
Diversity and Inclusion					
Total # of Participants by income:					
Total # of state vouchers	3	0	0	5	8
Total # of BREC scholarships	172	90	113	170	200
Total amount awarded	\$61,039	\$36,000	\$47,056	\$70,000	\$80,000
# of Participants by Age (User Days):					
# of senior participants aged 65+	496	140	2305	3326	3336
# of participants aged 55 - 65	696	609	2073	3617	3622
# of young adult participants	2248	1405	9387	9279	9379
# of children participants	6688	5,862	4533	8,953	9,666
Total # of Participants by zipcode:	TBD	TBD	TBD	TBD	TBD
Sustainability and Nature					
Total # of Est. Participants:					
Kindergarten: Fall Bulb Planting (w/BPS & Parks and Open Space Division)	600	N/A	N/A	513	600
First Grade: Spring Insect Field Trips (w/BPS)	N/A	N/A	N/A	N/A	600
4th Grade: Winter Stream Table Experiments (w/BPS)	220	N/A	N/A	220	280
BEEP and BREC: Nature Exploration (w/BPS)	60	N/A	N/A	30	120

Town of Brookline FY23 Program Budget

Leisure Services I Golf Enterprise Fund



Program Description

The Robert T. Lynch Municipal Golf Course at Putterham Meadows is an 18-hole public course designed and built by Stiles and Van Kleeck in 1931. The course includes a practice putting green, practice chipping green, and driving range. The clubhouse adjacent to the course houses an administrative office, a large foyer with sitting areas and a full-service restaurant with both indoor and outdoor dining available. A fully equipped Golf Pro Shop is located downstairs in the Clubhouse.

More than 3 million dollars in capital improvements have been implemented since 2003, including renovation of the tee complexes, sand bunkers, and greens throughout the course; installation of paved cart paths; drainage improvements; renovation of the irrigation and remote control systems; and improvements to the interior of the clubhouse. The Robert T. Lynch Municipal Golf Course will continue to see growth in rounds of golf played due to the addition of the driving range in 2016 that will continue to have positive impact on all golf revenues.

The finances of the Golf Course are accounted for in an Enterprise Fund, as allowed under M.G.L Ch.44, section 53F ½. The Enterprise Fund fully reimburses the General Fund for the expenses incurred on behalf of The Course operations budget, including fringe benefits.

FY 23 Objectives

1. Launch a comprehensive snow sport recreation program.
2. Begin capital improvement phases on both the Robert T. Lynch Golf Course Landscape & Clubhouse Master Plans
3. Host a large scale community event at the golf course, in addition to several other medium scale events
4. Establish programs with community partners that helps promote community engagement and use of the property outside of golf
5. Develop an internship program with the Brookline High School & Teen Center focusing on various vocational skills available at the golf course; culinary, turf grass, sports management, and specialty mechanics

8.A.

FY22 Accomplishments

1. Though mother nature proved to provide many speedbumps in terms of flooding, we have started to work with a highly regarded storm water consultant in conjunction with Landscape Master Planning to improve functionality at The Course
2. Fully supporting the Town's 2022 US Open strategy, including the use of our Golf Course for limited parking and Public Safety Hub during the event
3. Beginning to host seasonal special events to engage non-golfers and showcase the golf course location as a true community asset
4. Created a comprehensive marketing and social media plan and implementation began

FY23 Budget Line Item Report

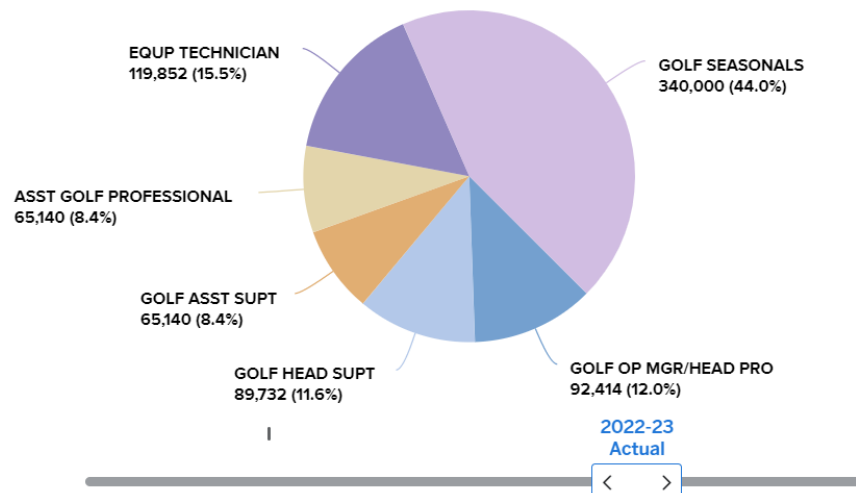
	FY21 Actuals	FY23 Budget	Variance
SALARIES			
(510101) PERMANENT FULL TIME	\$278,985	\$372,006	\$2,863
(510300) OVERTIME PAY	\$1,210	\$0	\$0
(510901) PART TIME TEMPORARY SAL	\$294,743	\$340,000	\$0
(513044) LONGEVITY PAY	\$1,650	\$1,650	\$900
(515059) A DAY BUYOUT	\$4,751	\$4,300	\$0
(515501) CLOTHING-UNIFORM ALLOWANCE	\$550	\$700	\$0
(CB) COLLECTIVE BARGAINING	\$0	\$17,410	\$0
SALARIES TOTAL	\$581,888	\$736,066	\$3,763
SERVICES			
(521610) CABLE TV	\$546	\$510	\$0
(522015) D P EQUIP R & M	\$2,408	\$2,500	\$0
(522400) BUILDING MAINTENANCE	\$32,638	\$17,000	\$0
(523011) COPY EQUIP RENTAL/LEASES	\$313	\$0	\$0
(523013) COMPUTER HARDWARE RENTAL	\$1,564	\$7,600	\$5,200
(523016) SOFTWARE SERVICE CONTRACT	\$3,724	\$0	\$0
(523020) SOFTWARE LICENSES	\$14,590	\$16,900	\$1,000
(523071) OTHER EQUIPMENT RENTAL/LEASE	\$48,843	\$82,500	\$32,000
(523090) OTHER RENTALS/LEASES	\$13,901	\$6,500	-\$9,000
(523590) BUILDING CLEANING SERVICE	\$3,600	\$0	\$0
(523595) EQUIP CLEANING/REPAIR/MAINT	\$6,450	\$12,000	\$0
(523599) LANDSCAPING SERVICES	\$56,039	\$70,000	\$35,000
(524008) GENERAL CONSULT SERVICES	\$1,405	\$93,000	\$38,000
(524010) PROFESSIONAL/TECH SERVICE	\$4,320	\$5,000	-\$20,000
(525030) PRINTING SERVICES	\$7,964	\$0	\$0
(525050) DELIVERY SERVICES	\$209	\$0	\$0
(525200) RECREATION SERVICES	\$22,662	\$0	\$0
(528010) BANKING SERVICES	\$73,487	\$60,000	\$0
(528020) LICENSES	\$154	\$250	\$0
SERVICES TOTAL	\$294,818	\$373,760	\$82,200
SUPPLIES			
(531012) OFFICE SUPPLIES	\$0	\$500	\$0
(531040) PROSHOP SUPPLIES	\$64,585	\$95,000	-\$25,000
(532015) EQUIPMENT MAINT SUPPLIES	\$89,132	\$33,000	-\$7,000
(532030) MAINTENANCE SUPPLIES	\$1,358	\$2,000	\$0
(532415) AGRICULTURAL SUPPLIES	\$130,170	\$175,000	\$25,000
(533210) MEALS & RECEPTIONS	\$2,648	\$7,000	\$0
(533220) FOOD SERVICE SUPPLIES	\$896	\$0	\$0
(539020) RECREATION SUPPLIES	\$70,952	\$70,000	-\$5,000
SUPPLIES TOTAL	\$359,741	\$382,500	-\$12,000
OTHER			

8.A.

	FY21 Actuals	FY23 Budget	Variance
(551099) EDUCATION/TRAINING/CONFERENCES	\$0	\$4,000	\$0
(552020) HOTEL	\$0	\$2,000	\$0
(552090) OTHER TRAVEL	\$0	\$1,500	\$0
(553010) PROFESSIONAL DUES/MEMBERS	\$2,431	\$2,100	\$0
(558001) CASH OVER-SHORT	\$159	\$0	\$0
(558092) GOLF ENTERPRISE RESERVE	\$0	\$25,000	\$0
OTHER TOTAL	\$2,590	\$34,600	\$0
UTILITIES			
(561010) ELECTRICITY	\$12,597	\$19,630	\$180
(561011) NATURAL GAS	\$10,659	\$12,500	-\$4,935
(561012) HEATING OIL	\$0	\$250	\$0
(561014) PROPANE	\$6,853	\$8,000	\$500
(561021) GASOLINE	\$8,553	\$16,500	\$4,750
(561022) DIESEL	\$5,261	\$11,250	\$595
(561030) WATER	\$60,445	\$67,750	\$27,750
UTILITIES TOTAL	\$104,367	\$135,880	\$28,840
BUDGETED CAPITAL			
(5A0017) LEASED COMPUTER EQUIPMENT	\$2,988	\$4,500	\$700
(5A0018) LEASED ROLLING STOCK	\$96,142	\$171,500	\$75,000
BUDGETED CAPITAL TOTAL	\$99,130	\$176,000	\$75,700
CAPITAL	\$0	\$350,000	\$350,000
DEBT SERVICE			
(580208) PRINCIPAL-MAT DEBT	\$95,000	\$108,222	\$8,222
(582086) INTEREST-LONG TERM DEBT	\$42,038	\$47,913	\$9,825
DEBT SERVICE TOTAL	\$137,038	\$156,135	\$18,047
INTERFUND TRANSFERS OUT			
(597100) TRANSFERS TO GENERAL FUND	\$213,997	\$235,519	\$24,417
INTERFUND TRANSFERS OUT TOTAL	\$213,997	\$235,519	\$24,417
TOTAL	\$1,793,569	\$2,580,460	\$570,967

	FY21 Actuals	FY23 Budget	Variance
REVENUES	\$2,304,637	\$2,580,460	\$570,967
REVENUES LESS EXPENSES	\$2,304,637	\$2,580,460	\$570,967

FY23 FTE Salary



8.A.

	FY23 FTE	FY23 Salary
GOLF OP MGR/HEAD PRO	1.00	92,414.00
GOLF HEAD SUPT	1.00	89,732.00
GOLF ASST SUPT	2.00	65,140.00
ASST GOLF PROFESSIONAL	1.00	65,140.00
EQUPT TECHNICIAN	2.00	119,852.00
GOLF SEASONALS	0.00	340,000.00
TOTAL	7.00	772,278.00

GOLF

PERFORMANCE / WORKLOAD INDICATORS

	ACTUAL FY2019	ESTIMATE FY2020	ACTUAL FY2020	ESTIMATE FY2021	ACTUAL FY2021	ESTIMATE FY2022	ESTIMATE FY2023
<u>Golf Course</u>							
<u>Total Rounds of Golf</u>							
18 hole Rounds of Golf	N/A	19,647	18,436	23,000	20,648	20,000	17,600
9 hole Rounds of Golf	N/A	10,353	8,796	10,000	10,527	10,000	14,730
Total =		30,000	27,232	33,000	31,175	32,000	32,330
Revenue per Round of Golf	\$53.09	\$53.90	\$43.05	\$54.71	\$71.01	\$59.73	\$62.26
Cost per Round of Golf	N/A	\$51.59	N/A	\$39.72	\$56.58	\$57.76	\$54.96
<u>Driving Range</u>							
Total Bucket Sold	N/A	17,866	N/A	47,000	42,310	42,000	38,000
Total Bucket Sales	N/A	#####	#####	#####	#####	#####	#####
Other Community Event Participants	50	200	50	500	0	1500	3500



Advisory Council on Public Health (As of 2/16/22)

MEMBERS:

Patricia Maher.....Term expires 2023 - Chair

Dr. Anthony Schlaff.....Term expires 2023

Dr. Natalia Linos.....Term expires 2024

Dr. Rosemarie Roque Gordon.....Term expires 2023

David HemenwayTerm expires 2022

Vacancy.....Term expires 2025

Dr. Peter Moyer..... Affiliate Member, Term Expires 2022

Jennifer Kritz interviews for appointment 2.1.22 (withdrew)

Dave Dorer interviews for appointment 2.1.22

Charlie Homer interviews for appointment 2.1.22

Len Jokubaitis interviews for appointment 2.8.22

Joe Frolkis interviews for appointment 2.15.22 (withdrew)

James Perrin interviews for appointment 2.15.22

9.B.

Pat Maher to step down as Chair in March and Natalia Linos to become Chair.

Pat Maher to leave the Council in May.

David Hemenway to step down immediately.

Maher recommendations:

Charlie Homer #1 choice

Dave Dorer #2 choice

James Perrin #3 choice

Len Jokubaitis #4 choice

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Mon 1/3/2022 10:38 AM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	David J Dorer PhD
Address	[REDACTED] MA 02446
Home Phone	[REDACTED]
Work Phone	6 [REDACTED] 33
Email	[REDACTED]n.com
Application for specific Board/Commission?	Advisory Council on Public Health
What type of experience can you offer this Board/Commission?	see attached pdf
What type of issue would you like to see this Board/Commission address?	see attached pdf
Are you involved in any other Town activities?	Yes - see attached pdf
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	dorer_ACPH_application_final_010322a.pdf

Email not displaying correctly? [View it in your browser.](#)

[EXTERNAL EMAIL] [CAUTION] This email originated from a sender outside of the Town of Brookline mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Town of Brookline Board/Commission Application Form

Please use this form to apply for one of the open Board/Commission positions. We welcome your application and will respond to you quickly.

Name: David J. Dorer, Ph.D.

Address: [REDACTED] MA 02446

Work Phone: 617 [REDACTED]

Cell Phone: 617-5 [REDACTED]

Email: d [REDACTED] ail.com

Date: 3 January 2022

Application for specific Board/Commission? Advisory Council on Public Health

What type of experience can you offer this Board/Commission? I have forty years of experience with clinical / medical research as a Biostatistician (see a summary below – CV and resume attached).

What type of issue would you like to see this Board/Commission address? Along with the covid pandemic, I would like the Council to be able to address longer term issues and trends related to health, among them, mental health. With the Covid pandemic public health emergency it has been difficult to find time to work on longer range issues.

Are you involved in any other Town activities? Yes. I am analyzing data from the US Census American Community Survey to aid the Brookline Senior Center staff in evaluating and planning their programs.

Do you have time constraints that would limit your ability to attend one to two meetings a month?
No, I am semi-retired.

PROFESSIONAL (summary)

After completing my post-doc in applied mathematics, I started as a biostatistician consultant at MGH. During my twenty-five years at MGH, I collaborated with over 100 physicians on clinical research projects, including clinical trials and observational studies. I worked in the following medical specialties: psychiatry, neurology, infectious disease, rehabilitation medicine, endocrinology, gastroenterology, radiology, telemedicine, and surgery (vascular surgery, trauma surgery, and neurosurgery).

My work in psychiatry included the study of eating disorders, unipolar and bipolar depression, social phobia, alcohol and drug abuse, conduct disorder, and family studies of depression. At MGH I was the statistician member of three Data Safety Monitoring Boards (DSMB). A DSMB is an independent committee of outside experts who monitor a clinical trial for patient safety. I worked on many grant

applications that were submitted to the National Institutes of Health and served as a co-investigator on two of them.

In 2008, I moved from the MGH Biostatistics Center and continued work as a biostatistician in the biotech industry, taking a position at Ariad Pharmaceuticals. At that time, Ariad was an oncology company in Cambridge. Since moving to industry, I have researched pharmaceutical treatments for sarcoma and leukemia, as well as lung, prostate, breast, endometrial and ovarian cancer.

As a member of the research team at Ariad, I reviewed patient safety data from our clinical trials as a member of the safety management team for two compounds. An important part of this work was applying statistical techniques from epidemiology to determine background rates of adverse events and comparing those rates with the event rates observed in the clinical study. These statistical techniques are used to compare event rates between two or more disparate populations.

During this work on patient safety, I analyzed data from the FDA Adverse Event Reporting System (FAERS), the National Inpatient Sample (NIS), Medicare, and data on cancer incidence from the Surveillance, Epidemiology, and End Results Program (SEER Database). Since the beginning of the Covid epidemic, I have been analyzing the data from the CDC Vaccine Adverse Event Reporting System (VAERS) and following vaccine development by watching the FDA Vaccines and Related Biological Products Advisory Committee meetings.

After finishing consulting with industry this past December, I established a nonprofit to provide 501(c)(3) organizations with ongoing statistical support. These services have been provided pro bono.

I have coauthored more than 50 peer-reviewed research articles. Through the nonprofit, I am performing an analysis of the US Census American Community Survey (ACS) for several nonprofit organizations, including the Brookline Senior Center. I have helped develop several survey instruments for clinical research and have analyzed the resulting data.

I have served on several committees, including seven years on the Board of Trustees of the Synod of the Northeast Presbyterian Church USA. I also moderated the Presbytery of Boston Council and the Presbytery Plenary sessions.

SAMPLE PUBLICATIONS - TITLES: (abstract and first page attached)

- Blood group, immunity, and risk of infection with *Vibrio cholerae* in an area of endemicity.
- Clinical outcomes of near-term infants.
- Maternal expressed emotion and parental affective disorder: risk for childhood depressive disorder, substance abuse, or conduct disorder.
- SSRI and Statin Use Increased the Risk for Vasospasm after Subarachnoid Hemorrhage.
- How do eating disorders and alcohol use disorder influence each other?
- Drug abuse in women with eating disorders.
- What predicts suicide attempts in women with eating disorders?
- Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients.

sPrincipal Investigator/Program Director (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME David J. Dorer, Ph.D.	POSITION TITLE Principal Biostatistician		
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Massachusetts Institute of Technology,	B.S.	1973	Mathematics
Massachusetts Institute of Technology,	Ph.D.	1979	Mathematics
Harvard University, Cambridge MA and NASA Ames Research Center, Moffett Field CA	Postdoctoral Fellow	1979-1982	Applied Mathematics

Positions and Honors

- 1975-1979 Summer Instructor, Graduate Department of Mathematics, Massachusetts Institute of Technology
- 1980 Member, Surgery Group of the Faculty Seminar on Health, Science and Statistics, Harvard School of Public Health
- 1982-1984 Statistical Consultant, National Institute of Health (NIMH), Oral Lecithin for the Treatment of Tardive dyskinesia, Massachusetts General Hospital, Boston, MA (MGH)
- 1982-1986 Statistical Consultant, Dupont Pharmaceuticals, a Double-Blind Crossover Comparison of Amantadine HCl and Benztropine Mesylate in Normal Volunteers with an Emphasis on Possible Differential Effects on Memory Function, MGH
- 1982-1986 Statistical Consultant, NIMH, Tyrosine for the Treatment of Depression, MGH
- 1982-1986 Statistical Consultant, NIMH, Interview study of parents with affective disorder and their families with a randomly selected comparison group of normal families, MGH
- 1983-1987 Statistical Consultant, NIMH, Lithium Levels and Neuroleptics in Bipolar Illness, MGH
- 1986-1987 Statistical Consultant, NIMH, CDP-Choline for the Treatment of Tardive Dyskinesia, MGH
- 1987-1988 Statistical Consultant, NIMH, A Controlled Family Study of Attention Deficit Disorder, MGH
- 1987-1990 Statistical Consultant, NIMH, A follow-up study of children at risk for Affective Disorder, MGH
- 1989-1991 Statistical Consultant, National Institute of Neurological Disorders and Stroke (NINDS), Stroke Program Project, MGH
- 1989 Member, NIMH Contract Review Committee, Data Management Center for NIMH Molecular Genetics Program
- 1990-1992 Biostatistical Consultant, Department of Psychiatry, St. Elizabeth's Hospital of Boston
- 1990-1993 Initial Director, New England Biomedical Research Foundation
- 1991-1992 Statistical Consultant, National Institute of Drug Abuse, Electrophysiology of Panic Disorder Among Drug Abusers, St. Elizabeth's Hospital of Boston
- 1996-2008 Biostatistician, NIMH, Longitudinal Study of Anorexia and Bulimia Nervosa, MGH
- 2000-2003 Biostatistical Consultant, Cooperative Pancreatic Cyst Trial, MGH
- 2001-2008 Biostatistician, Biostatistics Center, MGH
- 2002-2007 Biostatistical Consultant. Bulimic Syndromes: Secular and Longitudinal Trends, Harvard University Dept. of Psychology/ Dept. of Psychology Univ. of Iowa

Principal Investigator/Program Director (Last, First, Middle):

- 2003 Data Safety Monitoring Board (DSMB) at MGH , The Use of Growth Hormone Releasing Hormone (GHRH) in the AIDS Lipodystrophy Syndrome, Stephen Grinspoon MD, Principal Investigator (PI)
- 2005-2008 Data Safety Monitoring Board at MGH, Growth Hormone, Cardiovascular Risk and Visceral Adiposity in Women, MGH, Karren K Miller MD, PI.
- 2005-2008 Biostatistician, Improving Outcomes in Pharmacotherapy of Social Phobia, MGH
- 2006 Data Safety Monitoring Board at MGH, The Effects of Nucleoside Reverse Transcriptase Inhibitors on Mitochondrial Function, Stephen Grinspoon, MD, PI
- 2006-2008 Biostatistician, Specialized Program of Translational Research In Acute Stroke at the Partners, MGH Department of Neurology, Randomized clinical trial of normal baric oxygen for the treatment of stroke.
- 2006-2008 Biostatistician, Clinical Coordination Center for the Clinical Research Network for the Treatment of Acute Lung Injury and Acute Respiratory Distress Syndrome, MGH Biostatistics Center
- 2007-2008 Data Safety Monitoring Board at MGH. Effects of TNF-alpha antagonism in patients with metabolic syndrome, Stephen Grinspoon, MD, PI
- 2008-2017 Principal Biostatistician, Ariad Pharmaceuticals, Cambridge MA
- 2008-2009 Statistical Consultant, Spaulding Rehabilitation Hospital, Boston MA
- 2018-cur. President, Dorer Statistical Consulting Company, Brookline MA
- 2019-2021 Biostatistics Consultant, Mersana Therapeutics ,Cambridge MA
- 2021-cur President, Dorer Community Service Foundation Inc, Brookline MA

Selected peer-reviewed publications (in chronological order).

1. Caines PE, Dorer DJ. Stochastic systems: The mathematics of filtering and identification and applications. Proceedings of the NATO-ASI Workshop, Les Arcs France, Reidel Publishing, 1980.
2. Keller MB, Beardslee WR, Dorer DJ, Lavori PW, Samuelson H, Klerman GL. Impact of severity and chronicity of parental affective illness on adaptive functioning and psychopathology in children. Archives of General Psychiatry. 1986; 43: 930-937.
3. Brotman AW, Pascarzi GA, Keller MB, Dorer DJ, Eisenthal S. Patients treated with psychodynamic psychotherapy by residents and Massachusetts General Hospital. J Psychiatric Education. 1987; 11: 233-242.
4. Beardslee WR, Keller MB, Lavori PW, Klerman GL, Dorer DJ, Samuelson H. Psychiatric disorder in adolescent offspring of parents with affective disorder in a non-referred sample. J Affective Dis. 1988; 15: 313-332.
5. Lavori PW, Keller MB, Beardslee WR, Dorer DJ. Affective disorders in childhood: Separating the familial component of risk from individual characteristics of children. J Affective Dis. 1988; 15: 303-311.
6. Senda M, Alpert NM, Mackey BC, Buxton RB, Correia JA, Weise SB, Ackerman RH, Dorer DJ, Buonanno FS. Evaluation of the $^{11}\text{C}02$ Positron Emission Tomographic method for measuring brain pH, II. Quantitative pH mapping in patients with ischemic cerebrovascular diseases. J Cerebral Blood Flow and Metabolism. 1989; 9: 859-873.
7. Gelenberg AJ, Dorer DJ, Wojcik J, Falk WE, Brotman AW, Leahy LM. A crossover study of lecithin for tardive dyskinesia. J Clin Psychiatry. 1990; 51: 149-153.
8. Schwartz CE, Dorer DJ, Beardslee WR, Lavori PW, Keller MB. Maternal expressed emotion and parental affective disorder: Risk for childhood depressive disorder, substance abuse, or conduct disorder. J Psychiatric Res. 1990; 24: 231-250.
9. Herzog DB, Dorer DJ, Keel PK, Selwyn SE, Ekeblad ER, Flores AT, Greenwood DN, Burwell RA, Keller MB. Recovery and relapse in anorexia and bulimia nervosa: A 7.5 year follow-up study. JAACAP. 1999; 38: 829-837.
10. Herzog DB, Greenwood DN, Dorer DJ, Flores AT, Ekeblad ER, Richards A, Blais MA. Mortality in eating disorders. Intl J Eat Dis. 2000; 28: 20-26.
11. Yildiz A, Sachs GS, Dorer DJ, Renshaw PF. 31-P Nuclear magnetic resonance spectroscopy findings in bipolar illness: A meta-analysis. Psychiatry Research Neuroimaging. 2001; 106:181-191.

Principal Investigator/Program Director (Last, First, Middle):

12. Eddy KT, Keel PK, Dorer DJ, Delinsky SS, Franko DL, Herzog DB. A longitudinal comparison of anorexia nervosa subtypes. *Intl J Eat Dis*. 2002; 31:191-201.
13. Keel PK, Dorer DJ, Eddy KT, Selwyn SE, Franko DL, Blais MA, Keller MB, Herzog DB. Predictors of treatment utilization in women with anorexia and bulimia nervosa. *Am J Psychiatry*. 2002;159:140-2
14. Cambria, RP, Clouse WD, Davison JK, Dunn PF, Corey M, Dorer D, Thoracoabdominal Aneurysm Repair: Results with 337 Operations Performed Over a 15-Year Interval. *Ann Surgery* 2002; 236:471-479
- Fava M, Evins, AE, Dorer DJ, Schoenfeld DA, The problem of the placebo response in clinical trials for psychiatric disorders: culprits, possible remedies, and a novel study design approach, *Psychotherapy and Psychosomatics*, 2003;72 115-127.
15. Marone LK, Clouse WD, Dorer DJ, Brewster DC, LaMuraglia GM, Watkins MT, Kwolek CJ, Cambria RP, Preservation of Renal function with surgical revascularization in patients with atherosclerotic renovascular disease, *J Vasc Surg* 2004;39(2) 322-329.
16. Wang ML, Dorer DJ, Fleming MP, Catlin EA, Clinical Outcomes of Near Term Infants, *Pediatrics* 2004;114(2) 372-376.
17. Swearingen B, Katznelson L, Miller K, Grinspoon S, Waltman A, Dorer DJ, Klibanski A, Biller BM, Diagnostic errors after inferior petrosal sinus sampling, *J Clin Endocrinol Metab* 2004;89(8) 3752-3763.
18. LaMuraglia GM, Brewster DC, Moncure AD, Dorer DJ, Stoner MC, Trehan SC, Drynnibd Ecm Abbott WM, Cabria RP, Carotid endarterectomy at the millennium: what interventional therapy must match. *Ann Surg* 2004;240(3) 535-544.
19. Franko DL, Keel PK, Dorer DJ, Blais M, Delinsky SS, Eddy KT, Charat V, Renn R, Herzog DB, What Predicts Suicide Attempts in Women with Eating Disorders, *Psychological Medicine* 2004;34(5):843-853
20. Franko, D.L., Dorer, D.J., Keel, P.K., Jackson, S., Manzo, M.P., & Herzog, D.B. (in press 2005). How do eating disorders and alcohol use disorders influence each other? *International Journal of Eating Disorders*, 2005;38(3):200-207
21. Singhal, A.B., Topcuoglu, M.A., Dorer, D.J., Ogilvy, C.S., Carter, B.S., Koroshetz, W.J., SSRI and Statin Use Increased the Risk for Vasospasm after Subarachnoid Hemorrhage, *Neurology*, 2005;34(6):1008-1013
22. LaMurglia GM, Stoner MC, Brewster DC, Watkins MT, Juhola KL, Kwolek C, Dorer DJ, Cambria RP. Determinants of carotid endarterectomy anatomic durability: effects of serum lipids and lipid-lowering drugs. *J Vasc Surg*. 2005;41(5):762-768.
23. Goh S, Kwiatkowski DJ, Dorer DJ, Thiele EA, Infantile Spasms and Intellectual Outcomes in Children with Tuberous Sclerosis Complex. *Neurology* 2005;65(2):235-238.
24. Harris JB, Khan AI, LaRocque RC, Dorer DJ, Chowdhury F, Faruque ASG, Sack DA, Ryan ET, Qadri F, Calderwood SB, Blood Group, Immunity, and Risk of Infection with *Vibrio cholerae* in an Area of Endemicity, *Infection and Immunity*, 2005; 73(11):7422-7427. Keel PK, Dorer DJ, Eddy KT, Franko D, Charatan D, Herzog DB. Predictors of mortality in eating disorders. *Archives of General Psychiatry* 2003;60:179-183.
25. Clouse WD, Marone LK, Davison JK, Dorer DJ, Brewster DC, Lamuraglia GM, Cambria RP, Late aortic and graft-related events after thoracoabdominal aneurysm repair, *J Vasc Surg* 2003;37(2):254-261
26. Keel PK, Dorer DJ, Franko DL, Jackson SC, Herzog DB, Post-remission predictors of relapse in eating disorders. *American Journal of Psychiatry*, 2005;162(12):2263-2268
27. Keel PK, Heatherton TF, Dorer DJ, Joiner TE, Zalta AK, Point prevalence of bulimia nervosa in 1982, 1992, 2002. *Psychological Medicine*. 2006 36(1):119-127.
28. Krivickas LS, Fielding RA, Murray A, Callahan D, Johansson A, Dorer DJ, Frontera WR. Sex differences in single muscle fiber power in older adults. *Med Sci Sports Exerc*. 2006;38(1):57-63.
29. Chen Z, Hauser R, Trbovich AM, Shifren JL, Dorer DJ, Godfrey-Bailey L, Singh NP. The relationship between human semen characteristics and sperm apoptosis: a pilot study. *J Androl*. 2006 27(1):112-120.
30. Velmahos GC, Gervasini A, Petrovick L, Dorer DJ, Doran ME, Spaniolas K, Alam HB, DeMoya M, Borges LF, Conn AK, Routine Repeat CT for Minimal Head Injury is Unnecessary, *J of Trauma Injury, Infection and Critical Care*, 2006; 60:494-501
31. Herzog DB, Franko DL, Dorer DJ, Keel PK, Jackson S, Manzo MP, Drug abuse in women with eating disorders, *International Journal of Eating Disorders*, 2006, ;39(5):364-368

Principal Investigator/Program Director (Last, First, Middle):

32. Ochala J, Dorer DJ, Frontera WR, Krivickas LS, Single skeletal muscle fiber behavior after a quick stretch in young and older men: a possible explanation of the relative preservation of eccentric force in old age. *Pflugers Arch.* 2006 Jul;452(4):464-470.
33. Ton-Nu TT, Levine RA, Handschumacher MD, Dorer DJ, Yosefy C, Fan D, Hua L, Jiang L, Hung J, Geometric determinants of functional tricuspid regurgitation: insights from 3 dimensional echocardiography, *Circulation* 2006 Jul 11;114(2):143-149.
34. Yeh RW, Everitt BM, Foo SY, Dorer DJ, Laposata M, Van Cott EM, Jang IK, Predictions for the development of elevated anti-heparin/platelet factor 4 antibody titers in patients undergoing cardiac catheterization, *Am J Cardio* 2006 Aug 1;98(3):419-421.
35. Jaggi R, Shapiro J, Weissman JS, Dorer DJ, Weinstein DF. ,The Educational Impact of ACGME Limits on Resident and Fellow Duty Hours: A Pre-Post Survey Study. *Acad Med.* 2006 Dec;81(12):1059-1068.
36. Ochala J, Frontera WR, Dorer DJ, Van Hoecke J, Krivackas LS, Single skeletal muscle fiber elastic and contractile characteristics in young and older men. *J Gerontol A Biol Sci Med Sci.*, 2007 Apr: 62(4):375-381.
37. Armstrong, AW, Dorer DJ, Lugn NE, Kvedar JC, Economic evaluation of interactive tele dermatology compared with conventional care., *Telemed J E Health*, 2007 Apr;13(2):91-9.
38. Eddy KT, Dorer DJ, Franko DL, Tahlilani K, Thompson-Brenner H, Herzog DB, Should bulimia nervosa be subtyped by history of anorexia nervosa? A longitudinal validation. *Int J Eat Disord.* 2007 Jul 3;
39. Thompson-Brenner H, Eddy KT, Franko DL, Dorer D, Vashchenko M, Herzog D, Personality pathology and substance abuse in eating disorders: a longitudinal study. *International Journal of Eating Disorders* 2008 Apr;41(3):203-208
40. Eddy KT, Dorer DJ, Franko DL, Tahlilani K, Thompson-Brenner, Herzon DB, Diagnostic crossover in anorexia nervosa and bulimia nervosa: implications for DSM-V, *American Journal of Psychiatry.* 2008 Feb;165(2):245-250.
41. Jaggi R, Weinstein DF, Shapiro J, Kitch BT, Dorer D, Weissman JS, The Accreditation Council for Graduate Medical Education's limits on residents' work hours and patient safety,. A study of resident experiences and perceptions before and after hours reductions. *Archive Internal Medicine* 2009 Mar 10;168(5):493-500
42. Franko DL, Dorer DJ, Keel PK, Jackson S, Manzo MP, Herzog DB, Interactions between eating disorders and drug abuse, *Journal of Nervous and Mental Disease* 2008 Jul; 196(7):556-561
43. Krivickas, LS, Dorer DJ, Ochala, J, Frontera, WR, Relationship between force and size in human single muscle fibres, *Experimental Physiology.* 2011 May;96(5):539-47
46. Rice TW, Wheeler AP, Thompson BT, deBoisblanc BP, Steingrub J, Rock P; NIH NHLBI Acute Respiratory Distress Syndrome Network of Investigators, Enteral omega-3 fatty acid, gamma-linolenic acid, and a ntioxidant supplementation in acute lung injury, *JAMA.* 2011 Oct 12;306(14):1574-81. doi: 10.1001/jama.2011.1435. Epub 2011 Oct 5. Erratum in: *JAMA.* 2012 Feb 8;307(6):563. Member of Network but not author
47. National Heart, Lung, and Blood Institute Acute Respiratory Distress Syndrome (ARDS) Clinical Trials Network, Matthay MA, Brower RG, Carson S, Douglas IS, Eisner M, Hite D, Holets S, Kallet RH, Liu KD, MacIntyre N, Moss M, Schoenfeld D, Steingrub J, Thompson BT, Randomized placebo-controlled clinical trial of aerosolized beta-2 agonist for treatment of acute lung injury. *Am J Respir Crit Care Med.* 2011 Sep 1;184(5):561-8. . PMID: 21562125 Member of network but not author
48. Sonnichsen D, Dorer DJ, Cortes J, Talpaz M, Deininger MW, Shah NP, Kantarjian HM, Bixby D, Mauro MJ, Flinn IW, Litwin J, Turner CD, Haluska FG. Analysis of the potential effect of ponatinib on the QTc Interval in patients with refractory hematological malignancies, *Cancer Chemother Pharmacol.* 2013 Jun;71(6):1599-607. doi: 10.1007/s00280-013-2160-7. Epub 2013 Apr 23.
49. Narasimhan NI, Dorer DJ, Niland K, Haluska F, Sonnichsen D., Effects of ketoconazole on the pharmacokinetics of ponatinib in healthy subjects, *J Clin Pharmacol.* 2013 Sep;53(9):974-81. doi: 10.1002/jcph.109. Epub 2013 Jun 25. PMID: 23801357
50. Narasimhan NI, Dorer DJ, Niland K, Haluska F, Sonnichsen D., Effects of food on the pharmacokinetics of ponatinib in healthy subjects *J Clin Pharm Ther.* 2013 Jul 25. doi: 10.1111/jcpt.12082. [Epub ahead of print] PMID:23888935
51. Evaluation of pharmacokinetics and safety of ponatinib in subjects with chronic hepatic impairment and matched healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Marbury TC, Sonnichsen D. *Cancer Chemother Pharmacol.* 2014 Aug;74(2):341-8. doi: 10.1007/s00280-014-2511-z. Epub 2014 Jun 17. PMID:24934866

Principal Investigator/Program Director (Last, First, Middle):

52. Evaluation of the effect of multiple doses of lansoprazole on the pharmacokinetics and safety of ponatinib in healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Sonnichsen D. Clin Drug Investig. 2014 Oct;34(10):723-9. doi: 10.1007/s40261-014-0225-y. PMID: 25145453
53. Evaluation of the effect of multiple doses of rifampin on the pharmacokinetics and safety of ponatinib in healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Sonnichsen D. Clin Pharmacol Drug Dev. 2015 Sep;4(5):354-60. doi: 10.1002/cpdd.182. PMID: 27137144
54. Mortality and Vascular Events Among Elderly Patients With Chronic Myeloid Leukemia: A Retrospective Analysis of Linked SEER-Medicare Data. Lang K, McGarry LJ, Huang H, Dorer D, Kaufman E, Knopf K. Clin Lymphoma Myeloma Leuk. 2016 May;16(5):275-285.e1. Epub 2016 Feb 6.
55. Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients. Dorer DJ, Knickerbocker RK, Baccarani M, Cortes JE, Hochhaus A, Talpaz M, Haluska FG. Leuk Res. 2016 Sep;48:84-91. doi: 10.1016/j.leukres.2016.07.007. PMID: 27505637
56. Activity and safety of brigatinib in ALK-rearranged non-small-cell lung cancer and other malignancies: a single-arm, open-label, phase 1/2 trial. Gettinger SN, Bazhenova LA, Langer CJ, Salgia R, Gold KA, Rosell R, Shaw AT, Weiss GJ, Tugnait M, Narasimhan NI, Dorer DJ, Kerstein D, Rivera VM, Clackson T, Haluska FG, Camidge DR. Lancet Oncol. 2016 Dec;17(12):1683-1696. doi: 10.1016/S1470-2045(16)30392-8. PMID: 27836716
57. Effects of Strong CYP2C8 or CYP3A Inhibition and CYP3A Induction on the Pharmacokinetics of Brigatinib, an Oral Anaplastic Lymphoma Kinase Inhibitor, in Healthy Volunteers M Tugnait, N Gupta, MJ Hanley, D Sonnichsen D Kerstein, DJ Dorer, K Venkatakrishnan, N Narasimhan, Clin Pharmacol Drug Dev. 2020 Feb;9(2):214-223

Past Research Support

1R01MH070919-01A2 (Pollack) Period: 9/28/2005-7/31/2010 Agency: NIMH

“Improving Outcomes in Pharmacotherapy of Social Phobia”

Randomized clinical trial of drug therapies for social phobia. Role: Biostatistician active through 1/31/2008

1P50NS051343-01-A2 (Koroshetz/Furie) Period 9/20/2006-6/30/2011 Agency: NINDS

“Specialized Program of Translational Research In Acute Stroke at Partners”

Subproject “Randomized clinical trial of normal baric oxygen for the treatment of stroke.”

(PI Aneesh B Singhal, M.D.) active through 1/31/2008 Role: Biostatistician

HHSN268-2005-36179C (Schoenfeld David) Period 9/30/2005-9/29/2012

“Clinical Coordination Center for a Clinical Research Network for the Treatment of Acute Lung Injury and Acute Respiratory Distress Syndrome”

Randomized clinical trial for the use of albuterol for the treatment of ARDS.

Randomized clinical for the use omega fatty acids in ARDS. Role: Biostatistician active through 1/31/2008

R01 AT001638-02 (Fava, Maurizio)

04/15/04-03/31/09

NCCAM

A Double-Blind, Placebo-Controlled Study of the Alternative Therapy S-adenosyl-L-methionine (SAME) vs.

Escitalopram in Major Depressive Disorder (MDD) The primary purpose of this study is to compare the efficacy and safety and tolerability of SAME or escitalopram with placebo for the treatment of Major Depressive Disorder.

Role: Biostatistician (active through 1/31/2008)

7 R01 MH063758-03 (Keel)

Period: 4/01/02-3/31/07

Agency: NIMH

“Bulimic Syndromes: Secular & Longitudinal Trends”

The major goal of this study is to describe secular and longitudinal trends associated with bulimia nervosa and related eating disorders not otherwise specified from 1982 to 2002.

Biostatistics Consultant

R03 DA015414-01A1 (Herzog)

Period: 4/01/03-1/31/06

Agency: NIDA

“Substance Use Disorders in Women with Anorexia and Bulimia Nervosa”

Goal: Secondary data analysis of Longitudinal Study of Anorexia and Bulimia Nervosa.

Role: Biostatistician/Co-investigator

Principal Investigator/Program Director (Last, First, Middle):

5 R03 AA013614-02 (Herzog)

Period: 5/15/03-4/30/06

Agency: NIAAA

“Alcoholism in Women with Anorexia and Bulimia Nervosa”

Goal: Secondary data analysis of Longitudinal Study of Anorexia and Bulimia Nervosa.

Role: Biostatistician/Co-investigator

djdbio_123021docx 30 December 2021 1643

DAVID J DORER Ph.D.

email: dorer.d@rcn.com 617-232-9133 (home)

Summary

Designed and analyzed Phase I, II, and III clinical trials and safety data. Analysis of xenograft, gene expression, and immunohistochemistry (IHC) data. Contributed to NDA submissions for three compounds, including two marketed products (first in man through approval). Authored statistical sections of Protocols, Statistical Analysis Plans (SAP), Clinical Study Reports (CSR), Common Technical Documents (CTD), and Integrated Summary of Safety/Efficacy (ISS/ISE). Member of Safety Management Teams. Conducted pharmacokinetic (PK) and pharmacodynamic (PD) analysis, including exposure response. Authored statistical sections and performed analysis for DSURs, PSURs, and reports for Post-Marketing Requirements (FDA and EMA).

Employment

MERSANA THERAPEUTICS, Cambridge MA

2019 – current

Biostatistics Consultant

Statistician in the Mersana Oncology Drug Development Program for the development of antibody drug conjugate biologics for the treatment of cancer.

- Preparation of statistical sections of protocols, Clinical Study Reports (CSR), and Statistical Analysis Plans (SAP) for Biologics License Applications (BLA).
- Analysis of xenograft tumor growth models, gene expression biomarkers, and immunohistochemistry (IHC) biomarkers.
- Support of phase I clinical trials. Analysis of preclinical and clinical data.
- Analysis of pharmacokinetic (drug and metabolite blood levels) and pharmacodynamic data. For example, the effect of drug blood levels on clinical outcomes such as tumor response and liver enzyme blood levels.

DORER STATISTICAL CONSULTING, Brookline MA

2018 – current

Principal. Biostatistics consulting for the medical research community and the biopharmaceutical industry.

DORER COMMUNITY SERVICE FOUNDATION INC, Brookline MA

2021– current

President, Pro bono/substantially reduced fee statistical consulting for 501(c)(3) nonprofit organizations

Past Employment

ARIAD PHARMACEUTICALS (now Takeda Pharmaceuticals), Cambridge MA

2008 – August 2017

Ariad was a biotechnology company that developed small molecule drugs for the treatment of cancer

Principal Biostatistician

Statistician for three oncology compounds: Ridaforlimus (sarcoma), Ponatinib/Iclusig (leukemia), and Brigatinib (non-small cell lung cancer).

- Prepared statistical sections of protocols, Clinical Study Reports (CSR), and Statistical Analysis Plans (SAP) for New Drug Applications (NDA).
- Authored statistical sections for Investigator Brochures and end of Phase II and pre-NDA briefing books for health authorities: FDA, EMA, PMDA, TGA (Australia), and Health Canada. Provided statistical guidance for responding to health authority questions involving meeting and other requests related to NDA, MAA, and JNDA submissions as well as ad hoc requests from health authorities.
- Provided statistical input for all aspects of study designs.
- Member of Brigatinib clinical trial Study Team. Member of Safety Management Teams for Brigatinib and Ponatinib/Iclusig. Member of Clinical Pharmacology Working Group. Presented results of statistical analyses.
- Prepared specifications for tables, listings, figures, data entry (CDASH), and CDISC (SDTM AdAM) datasets for submission to regulatory authorities. Performed quality checks of programming outputs for submission to regulatory authorities and for publications.
- Used methods from Epidemiology to analyze safety data, comparing clinical trial adverse event rates to reference rates (typically using Standardized Incidence Ratios) derived from the SEER, NIS (National

David J Dorer Ph.D.

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Inpatient Survey), and Medicare databases as well as data from the medical literature. Analyzed FAERS (FDA Adverse Event Reporting System) data, clinical trial data, and post-marketing data for safety reporting and signal detection.

- Designed and analyzed surveys to assess the effectiveness of REMS (Risk Evaluation and Mitigation Strategies) for Ponatinib as well as other surveys (see publications).
- Clinical trial statistician for Phase I-IIa oncology trial. Responsible for statistical aspects of study design (including power calculations), trial conduct, and reporting. Co-authored presentations, posters, and publications of study results.
- Designed and analyzed drug-drug interaction (DDI), food effects, QT/QTc, renal impairment, hepatic impairment, and bio-equivalence studies. Performed power calculations for DDI and related studies. Conducted Pharmacokinetic Non-Compartmental Analysis (NCA) of drug blood levels. Interpreted results from Population Pharmacokinetic (Pop-PK) models and analyzed output from Pop-PK simulations.
- Modeled and simulated clinical trial accrual and clinical trial time lines.
- Created and reviewed Standard Operating Procedures (SOP) related to clinical trials, statistical programming, data management, and data analysis. Created specifications for quality review of statistical programming outputs (tables listings and figures) for clinical studies. Prepared specifications for CDISC compliant datasets.
- Co-authored presentation on using prediction intervals for futility analysis in group sequential clinical trials presented at the session on adaptive trials at American Statistical Association 2010 Joint Statistical Meeting. The session was chaired by Sue-Jane Wang of the FDA.
- Co-authored abstracts, posters, and slide presentations for medical conferences.

MASSACHUSETTS GENERAL HOSPITAL Boston, MA

2001 – 2008

Biostatistician, Biostatistics Center and Statistical Consultant (prior to 2001)

- Participated at site reviews for two NIH (National Institutes of Health) program projects.
- Co-Principal Investigator on two funded NIH research grants.
- Statistician member of Data Safety Monitoring Boards (DSMB).
- Member of an NIH review committee.
- Prepared statistical methods sections for multiple research proposals and contributed to the overall design of protocols.
- Evaluated and responded to reviews by the NIH.
- Developed proposals and protocols in cooperation with physicians and other medical professionals.
- Presented statistical analyses to physicians and other medical professionals. Presented at workshops on statistical methods for physicians.
- Published medical research, employing a broad range of statistical methods and covering a range of therapeutic areas.
- Prepared reports for Data Safety Monitoring Boards (DSMB) in blinded clinical trials.
- Presented results during DSMB closed sessions. Assisted with applications to Institutional Review Boards (IRB).
- Prepared randomized treatment assignments for trials. Assisted with blinding of treatments for clinical trials.
- Supervised data entry, case report form (CRF) development, and database creation.
- Designed, analyzed, reported, and published results from observational studies (no randomized treatment intervention).
- Designed and analyzed phase-III clinical trials with parallel, crossover, group sequential (multiple look), two-stage, factorial, and co-enrolled designs.

David J Dorer Ph.D.

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY, Cambridge MA

Summer Instructor

- Taught advanced calculus (complex analytic functions, boundary value problems, partial differential equations, Fourier analysis, special functions, calculus of variations) course for graduate-level engineers.

Statistical Methods

Include: Survival analysis, Kaplan-Meier estimates, Proportional Hazards (Cox) models, Nonparametric methods, Selection and Ordering, Mixed Effects Models (linear and nonlinear), calculation of Standardized Mortality Ratios, Standardized Incidence Ratios, Linear Models (ANOVA), Logistic Regression, Generalized Linear Models, Generalized Estimating Equations models for clustered data, Categorical data analysis, Log-Linear Models, Bootstrap, Simulation, and methods for the analysis of gene expression data.

Data Analyzed

Longitudinal, Survey, Psychometric, Neuropsychiatric, Assay (e.g. antibody data), Clinical Laboratory Data, mortality, Pharmacokinetic, Progression Free Survival, Overall Survival, Length of Stay, Clinical Rating Scales, Electrocardiogram, Gene Expression, Laboratory Assay, Post-Marketing Exposure, Quality of Life scales and data resulting from laboratory experiments.

Therapeutic Areas

Oncology (sarcoma, endometrial cancer, breast cancer, chronic myeloid leukemia, non-small cell lung cancer), ovarian cancer), Surgery (vascular, trauma and neurosurgery), Psychiatry (eating disorders, depression, social phobia, attention deficit hyperactivity disorder, drug and alcohol abuse), Neurology (stroke, multiple sclerosis/MS), Cardiology (echo cardiograms), Internal Medicine (intensive care), Rehabilitation Medicine, Infectious Disease (cholera).

Publications

Co-authored over 50 publications in peer-reviewed medical journals. See recent publications below.

Statistical Packages & Programming Languages

S-plus, SAS, R, Bioconductor. Computer Languages: C, Fortran, HTML.

Education

Massachusetts Institute of Technology (MIT) **B.S., Ph.D.**, Mathematics

Undergraduate courses in chemistry, biochemistry, and biology, including laboratory courses.

Harvard University Division of Applied Sciences & NASA Ames Research Center **Postdoctoral Fellowship**, Applied Mathematics.

Other Education: Graduate statistics courses University of Massachusetts Lowell.

Former Member, American Statistical Association

Recent Publications

1. Tugnait M, Gupta N, Hanley MJ, Venkatakrishnan K, Sonnichsen D, Kerstein D, **Dorer DJ**, Narasimhan N, The Effect of a High-Fat Meal on the Pharmacokinetics of Brigatinib, an Oral Anaplastic Lymphoma Kinase Inhibitor, in Healthy Volunteers. Clin Pharmacol Drug Dev. 2019 Aug;8(6):734-741.
2. Sonnichsen D, **Dorer DJ**, Cortes J, Talpaz M, Deininger MW, Shah NP, Kantarjian HM, Bixby D, Mauro MJ, Flinn IW, Litwin J, Turner CD, Haluska FG. Analysis of the potential effect of ponatinib on the QTc Interval in patients with refractory hematological malignancies, Cancer Chemother Pharmacol. 2013 Jun;71(6):1599-607. doi: 10.1007/s00280-013-2160-7. Epub 2013 Apr 23.

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4. Evaluation of pharmacokinetics and safety of ponatinib in subjects with chronic hepatic impairment and matched healthy subjects. Narasimhan NI, **Dorer DJ**, Davis J, Turner CD, Marbury TC, Sonnichsen D. Cancer Chemother Pharmacol. 2014 Aug;74(2):341-8. doi: 10.1007/s00280-014-2511-z. PMID: 24934866.
5. Activity and safety of brigatinib in ALK-rearranged non-small-cell lung cancer and other malignancies: a single-arm, open-label, phase 1/2 trial. Gettinger SN, Bazhenova LA, Langer CJ, Salgia R, Gold KA, Rosell R, Shaw AT, Weiss GJ, Tugnait M, Narasimhan NI, **Dorer DJ**, Kerstein D, Rivera VM, Clackson T, Haluska FG, Camidge DR. Lancet Oncol. 2016 Dec;17(12):1683-1696. doi: 10.1016/S1470-2045(16)30392-8. PMID: 27836716.
6. Mortality and Vascular Events Among Elderly Patients With Chronic Myeloid Leukemia: A Retrospective Analysis of Linked SEER-Medicare Data., Lang K, McGarry LJ, Huang H, **Dorer D**, Kaufman E, Knopf K. Clin Lymphoma Myeloma Leuk. 2016 May;16(5):275-285.e1. doi: 10.1016/j.clml.2016.01.006. PMID: 27013180.

Other Publications

7. Fava M, Evins, AE, **Dorer DJ**, Schoenfeld DA, The problem of the placebo response in clinical trials for psychiatric disorders: culprits, possible remedies, and a novel study design approach, Psychotherapy and Psychosomatics, 2003;72 115-127. Original publication on “Sequential-Parallel” clinical trial design.
8. Ponatinib versus Bosutinib in 3rd-Line Chronic Phase - Chronic Myeloid Leukemia (CP-CML): Indirect Comparison of Efficacy Using Iterative Proportional Fitting, McGarry LJ, Yang M, Chiroli S, Lustgarten S, Dorer DJ. International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 21st Annual International Meeting, May 21–25, 2016, (Poster)

complete list of publications at dorerconsulting.com

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Blood Group, Immunity, and Risk of Infection with *Vibrio cholerae* in an Area of Endemicity

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Received 8 June 2005/Returned for modification 18 July 2005/Accepted 9 August 2005

Individuals with blood group O are more susceptible than other individuals to severe cholera, although the mechanism underlying this association is unknown. To assess the respective roles of both intrinsic host factors and adaptive immune responses that might influence susceptibility to infection with *Vibrio cholerae*, we prospectively followed a cohort of household contacts of patients with cholera in Bangladesh. In this study, we made the novel observation that persons with blood group O were less likely than those with other blood groups to become infected with *V. cholerae* O1 (odds ratio [OR], 0.67; 95% confidence interval [CI], 0.53 to 0.85; $P = 0.008$). Consistent with prior studies, however, household contacts with blood group O were more likely to develop severe illness if infected with *V. cholerae* O1 (OR, 2.3; 95% CI, 0.98 to 5.59; $P = 0.05$). While blood group O protected significantly against infection with *V. cholerae* O1, there was no evidence of protection against *V. cholerae* O139. A multivariate analysis demonstrated that the association between blood group O and protection from infection with *V. cholerae* O1 was independent of age, gender, and baseline anti-cholera toxin and vibriocidal antibody titers. Based on this epidemiologic evidence, we propose a hypothesis for understanding the association between blood group O and the risk of infection with *V. cholerae* O1 and O139 as well as the risk of developing severe symptoms once infected.

Vibrio cholerae is a gram-negative bacterium that causes a spectrum of infection ranging from asymptomatic colonization to rapidly fatal secretory diarrhea known as cholera gravis. *V. cholerae* is differentiated serologically by the O side chain of its lipopolysaccharide; the vast majority of human cholera is caused by the O1 and O139 serogroups. The O1 serogroup of *V. cholerae* is subclassified into two biotypes (classical and El Tor) and two major serotypes (Inaba and Ogawa) (11). Due to variations in the predominating serogroup, biotype, and serotype in circulation, the epidemiology of cholera is in constant flux. In the 1960s, the *V. cholerae* O1 El Tor biotype emerged as a major cause of cholera, ultimately replacing the classical biotype. In 1992, the *V. cholerae* O139 serogroup first appeared; after briefly predominating in South Asia, it now persists in this region, but at much lower levels than *V. cholerae* O1 El Tor.

Susceptibility to infection with *V. cholerae* is dependent on both adaptive immune responses induced by previous infection and innate host factors. The best-studied correlate of adaptive immunity to *V. cholerae* is the serum vibriocidal antibody, a complement-fixing bactericidal antibody. Seroepidemiologic studies in areas of endemicity have shown that vibriocidal antibody titers increase with age and that risk of disease is

inversely proportional to the vibriocidal antibody titer (9, 16, 17). However, there is no threshold vibriocidal antibody titer above which complete protection from infection is achieved, and it is hypothesized that the vibriocidal antibody is a surrogate marker for a protective mucosal immune response (24). Systemic antibodies to cholera toxin have not been found to correlate with protection from cholera (9). Furthermore, infection with *V. cholerae* O1 does not confer protection from *V. cholerae* O139, even though both serogroups produce identical cholera toxins (1, 22).

Among the intrinsic host factors that influence susceptibility to cholera, the ABH histo-blood group antigens are the most studied. Multiple case-control studies in areas of cholera endemicity have demonstrated that individuals with blood group O (the blood group phenotype associated with the H antigen) are at increased risk of hospitalization due to classical and El Tor *V. cholerae* O1 as well as *V. cholerae* O139 (3, 4, 5, 7, 26). A study of North American volunteers also demonstrated increased purging in blood group O subjects infected with a high inoculum of classical *V. cholerae* O1 (13). It has been hypothesized that *V. cholerae* infection is the evolutionary force behind the low prevalence of the O blood group in the Ganges River Delta, which is a historic and current global epicenter of cholera (10, 11).

Two previous studies have addressed the question of whether blood group O is also associated with an increased risk of asymptomatic infection or mild illness due to *V. cholerae* in addition to the increased risk of severe illness (10, 26). Both

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August 13, 2004 Study finds near-term infants at risk for significant he... <http://www.massgeneral.org/depts/pubaffairs/issues/081304Wang.htm>



August 13 , 2004

Study finds near-term infants at risk for significant health problems

Babies born a few weeks premature, who have generally been considered as healthy as full-term infants, actually have a greater incidence of serious health problems, according to a study from MassGeneral Hospital for Children (MGHC). In their report in the August issue of Pediatrics, the research team describes finding that babies born at 35 or 36 weeks gestation were more likely to have jaundice, low blood sugar, difficulty maintaining body temperature and other problems.

"Conventional wisdom has been that babies who were near-term but still premature would do as well as full-term babies. But those of us who take care of these children know from experience that they may have more problems than full-term infants do," says Marvin Wang, MD, of the MGHC Neonatology Unit, who led the study, noting that the actual outcomes for such infants had not been previously studied.

The research team analyzed both medical and billing records for 95 full-term and 90 near-term infants, randomly chosen from those born at the MGH over a three-year period. The near-term infants had significantly greater incidence than did full-term infants of being diagnosed with a number of clinical problems and also were more likely to have multiple problems. In terms of health costs, the initial hospital stays of the near-term infants cost an average of \$2,600 more than did those of full-term infants.

"There are many 35- or 36-week infants who do just as well as full-term babies, but our results indicate we should have a lower threshold of concern about the possibility that these children may be at risk for health problems," says Wang .

His coauthors are senior author Elizabeth Catlin, MD, and David Dorer, PhD, both of the MGH, and Michael Fleming of Partners.

Clinical Outcomes of Near-Term Infants

Marvin L. Wang, MD*; David J. Dorer, PhD†; Michael P. Fleming, MBA§; and Elizabeth A. Catlin, MD*

ABSTRACT. *Objective.* To test the hypothesis that near-term infants have more medical problems after birth than full-term infants and that hospital stays might be prolonged and costs increased.

Methods. Electronic medical record database sorting was conducted of 7474 neonatal records and subset analyses of near-term ($n = 120$) and full-term ($n = 125$) neonatal records. Cost information was accessed. Length of hospital stay, Apgar scores, clinical diagnoses (temperature instability, jaundice, hypoglycemia, suspicion of sepsis, apnea and bradycardia, respiratory distress), treatment with an intravenous infusion, delay in discharge to home, and hospital costs were assessed.

Results. Data from 90 near-term and 95 full-term infants were analyzed. Median length of stay was similar for near-term and full-term infants, but wide variations in hospital stay were documented for near-term infants after both vaginal and cesarean deliveries. Near-term and full-term infants had comparable 1- and 5-minute Apgar scores. Nearly all clinical outcomes analyzed differed significantly between near-term and full-term neonates: temperature instability, hypoglycemia, respiratory distress, and jaundice. Near-term infants were evaluated for possible sepsis more frequently than full-term infants (36.7% vs 12.6%; odds ratio: 3.97) and more often received intravenous infusions. Cost analysis revealed a relative increase in total costs for near-term infants of 2.93 (mean) and 1.39 (median), resulting in a cost difference of \$2630 (mean) and \$429 (median) per near-term infant.

Conclusions. Near-term infants had significantly more medical problems and increased hospital costs compared with contemporaneous full-term infants. Near-term infants may represent an unrecognized at-risk neonatal population. *Pediatrics* 2004;114:372-376; *neonate, outcome, prematurity, near term, costs, newborn.*

ABBREVIATIONS. OR, odds ratio; CI, confidence interval; FE, Fisher exact test; TTN, transient tachypnea of the newborn.

Newborn infants are defined as premature when birth takes place before 37 weeks of gestation (259 days from the first day of the mother's last menstrual period).^{1,2} Premature birth is known to place infants at increased risk for morbidity and death compared with infants who are born at

term. A subgroup of more mature premature infants, so-called "near term" infants of 35 to 36 6/7 weeks' gestation, has recently become a focus of increased interest.³⁻⁵ In obstetric and pediatric practice, near-term infants are often considered functionally full term, and management decisions are made accordingly. However, this practice pattern is largely not data driven, and clinical experience indicates that this practice may not always be appropriate. We hypothesized that despite relatively large size and apparent functional maturity, near-term infants are at increased risk for neonatal medical problems compared with full-term infants and that clinical assessment and treatment might prolong hospitalization and increase cost.

METHODS

Newborn infants who were born between October 1997 and October 2000 (inclusive) were identified using the obstetric electronic medical record database of the Massachusetts General Hospital, a tertiary teaching hospital with 3200 births per year. This secure database contains pertinent information on all mothers and neonates delivered at the Massachusetts General Hospital. Using the medical record number and gestational age of each neonate based on best obstetric estimate, we sorted through 7474 records (593 records of infants of 35-36 6/7 weeks' and 6881 records of infants 37-40 weeks' gestation) and randomly selected 120 near-term (35-36 6/7 weeks' gestation) and 125 full-term (37-40 weeks' gestation) records. To achieve 80% power for a 2-tailed α of .05 with an estimated clinical diagnosis rate of 50% and 30% in near-term and term infant groups, respectively, it was calculated that analysis of 90 near-term and 95 full-term neonatal records were needed.

Exclusion criteria were 1) incomplete medical record, 2) major congenital anomaly, 3) multiple gestation above twins, and 4) maternal substance abuse. This investigation was approved by our institutional review board.

Chart review was performed on each of the randomly selected medical records, and data were entered into a Microsoft Access 97 relational database. Statistical methods incorporated dichotomous variables comparing near-term and full-term infants using Fisher exact test. For significant associations, the maximum likelihood estimate of the conditional odds ratio (OR) and 95% confidence interval (CI) are reported. For nondichotomous categorical variables (eg, management of possible sepsis), Fisher exact test for an $R \times C$ table is used. For ordinal variables (eg, length of stay, Apgar scores), the Wilcoxon rank sum test was used for comparison of medians. The R statistical package (version 1.5.0) was used for statistical computations.⁶

Cost and charge information was obtained through the Eclipsys Sunrise Decision Support Manager (previously Transition Systems, Inc). Patient unit numbers were used to identify patient admissions in the system. When multiple admissions existed for the same patient, admit dates were evaluated to distinguish the newborn admission from subsequent admissions, which were excluded. Reports were then generated to capture each patient's direct costs and actual total cost (including overhead), which were then summarized and analyzed by gestational age categories. All information obtained from the Eclipsys SDSM system reflected hospital-based activity only. The physician component of expense was not included.

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Received for publication Apr 4, 2003; accepted Dec 22, 2003.

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MATERNAL EXPRESSED EMOTION AND PARENTAL AFFECTIVE DISORDER: RISK FOR CHILDHOOD DEPRESSIVE DISORDER, SUBSTANCE ABUSE, OR CONDUCT DISORDER

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PHILIP W. LAVORI¶|| and MARTIN B. KELLER¶

*Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, U.S.A.; †Department of Psychiatry, Massachusetts Mental Health Center, Boston, Massachusetts, U.S.A.; ‡Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, U.S.A.; §Department of Psychiatry, The Children's Hospital, Boston, Massachusetts, U.S.A.; ¶Department of Psychiatry and Human Behavior, Division of Biology and Medicine, Brown University, Providence, Rhode Island, U.S.A.; ||Department of Biostatistics, Harvard School of Public Health, Boston, Massachusetts, U.S.A.

(Received 8 September 1988; revised 10 March 1989, 16 January 1990; final revision 6 April 1990)

Summary—Expressed emotion (EE) refers to a set of emotional aspects of speech for which ratings have been derived. Seven independent studies have established that higher EE ratings in the relatives of patients with schizophrenia predict higher rates of relapse in these patients and two studies have established an association of higher EE in spouses with relapse of depression in their mate. There are no previous studies of parental EE as a predictor of childhood affective disorder or other disorders not in the schizophrenia spectrum.

In this study we investigated the relationship between the level of maternal EE and the incidence of DSM—III affective disorder (major depression or mania or dysthymia), substance abuse, or conduct disorder in 273 children. We found that a higher degree of maternal expressed emotion was associated with a three-fold increase in a child's risk (odds multiplier) for having at least one of the following diagnoses: depressive disorder (major depression or dysthymia), substance abuse, or conduct disorder. This increased risk acts in addition to the increased risk of child diagnosis associated with parental affective illness. Research and clinical implications are discussed.

INTRODUCTION

EXPRESSED emotion refers to a set of emotional aspects of speech for which reliable ratings have been derived. Its three principal components, critical attitudes, hostile attitudes, and extreme emotional overinvolvement are derived from the Camberwell Family Interview (BROWN, BIRLEY, & WING, 1972; RUTTER & BROWN, 1966; BROWN & RUTTER, 1966).

Seven independent studies have found that higher expressed emotion ratings predict higher rates of relapse in patients with schizophrenia (BROWN, MONCK, CARSTAIRS, & WING, 1962; BROWN *et al.*, 1972; VAUGHN & LEFF, 1976; LEFF & VAUGHN, 1981; VAUGHN *et al.*, 1982; VAUGHN, SNYDER, JONES, FREEMAN, & FALLOON, 1984; MOLINE, SINGH, MORRIS, & MELTZER, 1985; KARNO *et al.*, 1987; LEFF *et al.*, 1987) although one recent study did not demonstrate such an association (MACMILLAN, GOLD, CROW, JOHNSON, & JOHNSTONE, 1986). These findings have stimulated interest in psychosocial intervention to lower expressed

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SSRI and statin use increases the risk for vasospasm after subarachnoid hemorrhage

A.B. Singhal, MD; M.A. Topcuoglu, MD; D.J. Dorer, PhD; C.S. Ogilvy, MD; B.S. Carter, MD, PhD; and W.J. Koroshetz, MD

Abstract—Background: Use of medications with vasoconstrictive or vasodilatory effects can potentially affect the risk for vasospasm after aneurysmal subarachnoid hemorrhage (SAH). **Methods:** Using International Classification of Diseases–9 diagnostic codes followed by medical record review, the authors identified 514 patients with SAH admitted between 1995 and 2003 who were evaluated for vasospasm between days 4 and 14. The authors determined risks for vasospasm, symptomatic vasospasm, and poor clinical outcomes in patients with documented pre-hemorrhagic use of calcium channel blockers, beta-receptor blockers, ACE inhibitors, aspirin, selective serotonin reuptake inhibitors (SSRIs), non-SSRI vasoactive antidepressants, or statins. **Results:** Vasospasm developed in 62%, and symptomatic vasospasm in 29% of the cohort. On univariate analysis, the risk for all vasospasm tended to increase in patients taking SSRIs ($p = 0.09$) and statins ($p = 0.05$); SSRI use increased the risk for symptomatic vasospasm ($p = 0.028$). The Cochran-Armitage trend test showed that the proportion of patients taking SSRIs and statins increased significantly across three worsening categories (none, asymptomatic, symptomatic) of vasospasm. Logistic regression analysis showed that SSRI use tended to predict all vasospasm (O.R. 2.01 [0.91 to 4.45]), and predicted symptomatic vasospasm (O.R. 1.42 [1.06 to 4.33]). Statin exposure increased the risk for vasospasm (O.R. 2.75 [1.16 to 6.50]), perhaps from abrupt statin withdrawal (O.R. 2.54 [0.78 to 8.28]). Age < 50 years, Hunt-Hess grade 4 or 5, and Fisher Group 3 independently predicted all vasospasm, symptomatic vasospasm, poor discharge clinical status, and death. **Conclusion:** Selective serotonin reuptake inhibitor and statin users have a higher risk for subarachnoid hemorrhage-related vasospasm. Whether the underlying disease indication, direct actions, or rebound effects from abrupt drug withdrawal account for the associated risk warrants further investigation.

NEUROLOGY 2005;64:1008–1013

Cerebral vasospasm occurs in approximately two-thirds of patients with subarachnoid hemorrhage (SAH), and over half of these patients develop delayed ischemic deficits.¹ Options to prevent vasospasm are limited; furthermore, accurate and timely diagnosis of vasospasm remains a challenge. Despite close observation in intensive care units, vasospasm is often diagnosed after the onset of neurologic deterioration, which impedes the efficacy of therapeutic interventions. It is thus important to identify risk factors and improve the ability to predict vasospasm. Patient characteristics such as poor clinical grade, thick blood clots on head CT scan (Fisher Group 3 SAH), type and timing of aneurysm treatment, young age, cigarette smoking, and fever have previously been identified as independent predictors of vasospasm.^{1–8}

Cocaine use, which induces vasoconstriction via potent sympathomimetic and serotonergic effects, increases the risk for SAH-related vasospasm.^{9,10} Theoretically, commonly used prescription medications that have vasoconstrictive or vasodilatory effects (vasoactive medications, e.g., calcium channel blockers,

beta-receptor blockers, angiotensin converting enzyme [ACE] inhibitors, angiotensin-1 [AT1] receptor blockers, HMG-CoA reductase inhibitors [statins], certain antidepressants) can also affect cerebral vascular tone. In this study we evaluated the risk for developing vasospasm and poor clinical outcome in patients documented to be using different classes of vasoactive medications at the time of SAH.

Methods. Under a research protocol approved by our Institutional Review Board, we reviewed medical records of 918 patients with International Classification of Diseases–9 (ICD-9) diagnostic code 430.0 (SAH) admitted to our hospital between November 1995 and February 2003. In addition, we prospectively identified and collected vasospasm data on SAH patients admitted to our neurologic intensive care unit (NICU) after November 2000. We included 514 patients with evidence for SAH on head CT or CSF examination, and intracranial aneurysms on transfemoral, CT, or MR angiography. We excluded 404 patients with nonaneurysmal SAH (e.g., brain trauma, arteriovenous malformation, coagulopathy, vasculitis, dissection; $n = 208$), incorrect coding for SAH ($n = 49$), tests for vasospasm not performed ($n = 1$), SAH from an infected aneurysm ($n = 1$), untreated aneurysmal SAH ($n = 8$), admission after day 14, i.e., after the typical period of vasospasm ($n = 46$), and moribund clinical status on admission who either died by day 4, i.e., before the typical period of vasospasm, or in whom aneurysm treatment was not attempted ($n = 91$).

We collected data on the following covariables: patient age; sex;

From the Departments of Neurology (Drs. Singhal, Topcuoglu, and Koroshetz), Biostatistics (Dr. Dorer), and Neurosurgery (Drs. Ogilvy and Carter), Massachusetts General Hospital and Harvard Medical School, Boston.

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REGULAR ARTICLE

How do Eating Disorders and Alcohol Use Disorder Influence Each Other?

Debra L. Franko, PhD^{1,2*}
 David J. Dorer, PhD¹
 Pamela K. Keel, PhD³
 Safia Jackson, BA¹
 Mary Pat Manzo, BA¹
 David B. Herzog, MD¹

ABSTRACT

Objective: Although eating disorders and alcohol use disorder (AUD) are known to co-occur, the influence of one on the other has not been studied.

Method: In a prospective study, women diagnosed with either anorexia nervosa (AN; $n = 136$) or bulimia nervosa (BN; $n = 110$) were interviewed and assessed for Research Diagnostic Criteria (RDC) AUD every 6–12 months over 8.6 years.

Results: Over one fourth of the sample ($n = 66$ [27%]) reported a lifetime history of AUD. Ten percent of the study subjects ($n = 24$) developed AUD over the course of the study. AUD did not influence recovery from either eating disorder. Poor psychosocial functioning and history of substance use predicted prospective onset of an episode of AUD

for both diagnostic groups. Unique predictors for AUD for women with AN were depression, overconcern with body image, and vomiting. Recovery from AUD was predicted by group therapy and hospitalization (women with AN) and individual therapy and exercise (women with BN).

Conclusion: The influence of eating disorders on AUD appears to be greater than the reverse. A substantial number of patients who initially present with an eating disorder develop alcohol problems over the course of time, suggesting that the risk is an ongoing one that should be monitored by clinicians. © 2005 by Wiley Periodicals, Inc.

Keywords: eating disorders, alcohol abuse, alcohol use disorder

(*Int J Eat Disord* 2005; 38:200–207)

Introduction

Anorexia nervosa (AN) and bulimia nervosa (BN) are associated with substantial rates of psychiatric comorbidity (O'Brien & Vincent, 2003). Of note is the co-occurrence with alcohol use disorders (AUD; Herzog et al., 1999), because eating and substance use disorders are associated with the highest mortality risks across all mental disorders (Harris &

BarracloUGH, 1998). Thus, their co-occurrence may create a particularly deadly combination (Keel et al., 2003). Although estimates vary somewhat by study, the lifetime prevalence of AUD in women with AN-restricting subtype ranges from 2% to 6%, in women with AN/binge-purge subtype from 12% to 27%, and for BN from 2.9% to 48.6% (Braun, Sunday, & Halmi, 1994; Garcia-Vilches et al., 2002; Holderness, Brooks-Gunn, & Warren, 1994; Jordan et al., 2003). Although rates of co-occurrence are high, little is known about the comorbidity of eating and AUD. That is, beyond descriptive data concerning the proportion of individuals suffering from both conditions, little has been written about the influence of each disorder on the other. The current study attempted to shed some light on how eating disorder symptoms might affect AUD, and how the abuse of alcohol might influence eating disorder symptomatology.

Furthering our understanding of the extent to which alcohol use might be related to rates of recovery of eating disorder symptoms could be useful to clinicians who treat AN and BN presenting with both disorders. Although several studies have examined predictors of the course of AN and

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REGULAR ARTICLE



Drug Abuse in Women with Eating Disorders

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David J. Dorer, PhD^{1,3}
Pamela K. Keel, PhD⁴
Safia Jackson, BA¹
Mary Pat Manzo, BA¹

ABSTRACT

Objective: Drug abuse in women with eating disorders has received relatively little attention. The frequency of drug use disorder (DUD) by specific drug type was examined in the current longitudinal study.

Method: In a prospective study, women diagnosed with either anorexia nervosa (AN; $n = 136$) or bulimia nervosa (BN; $n = 110$), were interviewed and assessed for research diagnostic criteria (RDC) DUD every 6–12 months over 8.6 years.

Results: Forty-two (17%) women in the current longitudinal study had a lifetime history of DUD, with 19 prospective onsets over the course of the study (9 AN

and 10 BN). The most commonly abused illicit drugs were amphetamines, cocaine, and marijuana, and rates of DUD did not differ between intake diagnoses of AN and BN.

Conclusion: Drug abuse in women with eating disorders is an area of clinical concern and should be monitored routinely throughout the treatment process. © 2006 by Wiley Periodicals, Inc.

Keywords: drug abuse; women; eating disorders

(*Int J Eat Disord* 2006; 39:000–000)

Introduction

Eating disorders have high rates of comorbidity,¹ particularly with substance use disorders. Although the majority of studies in this area have focused on alcohol use,^{2–7} several have described the degree of use of illicit drugs as well. Reports of drug use in eating disorders, defined generally as “having ever used a particular drug,” have been published with adolescent,^{8,9} college student,¹⁰ and community samples.¹¹ For example, in 77 adolescents who met criteria for an eating disorder as defined in the 4th ed. of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; Washington, DC: American Psychiatric Association; 1994), those with restrictive symptoms were found to use less cannabis and stimulants (in past 12 months) than matched

comparison (nonpsychiatric) participants, whereas the adolescents who had purging symptoms used these substances at rates similar to those of comparison participants.⁹ Purgers used marijuana, hallucinogens, stimulants, lysergic acid diethylamide (LSD), phencyclidine (PCP), cocaine, and “ecstasy” at rates similar to the comparison group and had higher rates of tranquilizer use than comparison participants. In a study of college students who completed self-report questionnaires to assess eating disorders and drug use,¹⁰ women categorized as having bulimia nervosa (BN; $n = 68$) were found to report use of marijuana and barbiturates more frequently than participants without an eating disorder ($n = 1,749$). No differences were found between the participants with BN and controls on other categories of drugs. In a community sample of adolescents and adults, illicit drug use was associated with disordered eating and eating disorders, although the associations were not strong.¹¹

In clinical samples, several studies have found illicit drug use to be higher in patients diagnosed with BN than AN,¹² with one study finding higher reports of ever having used amphetamines, barbiturates, marijuana, tranquilizers, and cocaine in patients with BN than in patients with AN.¹³ Specifically, amphetamine use was reported by 18% of bulimic outpatients, compared with just 3% of anorexic outpatients. Similarly, marijuana use occurred in 25% of patients with BN and only 5.25% of patients with AN.

Accepted 12 May 2005

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What predicts suicide attempts in women with eating disorders?

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V. CHARAT, R. RENN AND D. B. HERZOG

Harvard Eating Disorders Center, Massachusetts General Hospital, Boston, MA, USA; Department of Counseling & Applied Educational Psychology, Northeastern University; Harvard University; and Department of Psychiatry, Massachusetts General Hospital, Boston, MA, USA

ABSTRACT

Background. Suicide is a common cause of death in anorexia nervosa and suicide attempts occur often in both anorexia nervosa and bulimia nervosa. No studies have examined predictors of suicide attempts in a longitudinal study of eating disorders with frequent follow-up intervals. The objective of this study was to determine predictors of serious suicide attempts in women with eating disorders.

Method. In a prospective longitudinal study, women diagnosed with either DSM-IV anorexia nervosa ($n = 136$) or bulimia nervosa ($n = 110$) were interviewed and assessed for suicide attempts and suicidal intent every 6–12 months over 8–6 years.

Results. Fifteen percent of subjects reported at least one prospective suicide attempt over the course of the study. Significantly more anorexic (22.1%) than bulimic subjects (10.9%) made a suicide attempt. Multivariate analyses indicated that the unique predictors of suicide attempts for anorexia nervosa included the severity of both depressive symptoms and drug use over the course of the study. For bulimia nervosa, a history of drug use disorder at intake and the use of laxatives during the study significantly predicted suicide attempts.

Conclusions. Women with anorexia nervosa or bulimia nervosa are at considerable risk to attempt suicide. Clinicians should be aware of this risk, particularly in anorexic patients with substantial comorbidity.

INTRODUCTION

Anorexia nervosa (AN) is associated with a high risk of mortality (Sullivan, 1995; Moller-Madsen *et al.* 1996; Keel *et al.* 2003). In earlier reports (Williams, 1958), the effects of starvation were often listed as the cause of death in AN; however, in more recent papers, suicide has often been the leading cause of death (Isager *et al.* 1985; Patton, 1988; Norring & Sohlberg, 1993; Nielsen, 2001). Several studies have found that the rate of suicide in AN is substantially higher than suicide rates in the general population

(Theander, 1985; Patton, 1988; Crisp *et al.* 1992; Eckert *et al.* 1995). Studies of suicidality in bulimia nervosa (BN) are fewer in number. The majority of studies reviewed find no deaths in bulimic subjects (Keel & Mitchell, 1997; Herzog *et al.* 2000); however, of the deaths reported for BN across multiple studies, 29% were the result of suicide. Thus, determining predictors of suicidal behavior, particularly serious suicide attempts, may identify who is at greatest risk of dying from eating disorders.

The rates of suicide attempts in eating disordered samples range from 13% to 31% (Favaro & Santonastaso, 1996; Bulik *et al.* 1999) and suicide attempts are concurrently associated with binge eating, purging and co-morbid psychiatric disorders (Viesselman & Roig, 1985;

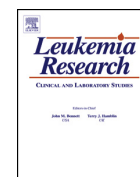
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Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients



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ABSTRACT

Ponatinib is approved for adults with refractory chronic myeloid leukemia or Philadelphia chromosome-positive acute lymphoblastic leukemia, including those with the T315I BCR-ABL1 mutation. We pooled data from 3 clinical trials (N = 671) to determine the impact of ponatinib dose intensity on the following adverse events: arterial occlusive events (cardiovascular, cerebrovascular, and peripheral vascular events), venous thromboembolic events, cardiac failure, thrombocytopenia, neutropenia, hypertension, pancreatitis, increased lipase, increased alanine aminotransferase, increased aspartate aminotransferase, rash, arthralgia, and hypertriglyceridemia. Multivariate analyses allowed adjustment for covariates potentially related to changes in dosing or an event. Logistic regression analysis identified significant associations between dose intensity and most events after adjusting for covariates. Pancreatitis, rash, and cardiac failure had the strongest associations with dose intensity (odds ratios >2). Time-to-event analyses showed significant associations between dose intensity and risk of arterial occlusive events and each subcategory. Further, these analyses suggested that a lag exists between a change in dose and the resulting change in event risk. No significant association between dose intensity and risk of venous thromboembolic events was evident. Collectively, these findings suggest a potential causal relationship between ponatinib dose and certain adverse events and support prospective investigations of approaches to lower average ponatinib dose intensity.

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1. Introduction

BCR-ABL1 tyrosine kinase inhibitors (TKIs) are effective for improving outcomes in the treatment of chronic myeloid leukemia (CML) and Philadelphia chromosome-positive acute lymphoblastic

leukemia (Ph+ ALL); however, in many cases, resistance develops through BCR-ABL1 mutations or other mechanisms [1]. The T315I mutation occurs in 5% to 20% of imatinib-resistant patients with BCR-ABL1 mutations and confers resistance to imatinib, dasatinib, nilotinib, and bosutinib [2–6]. Other mutations that may confer resistance to 1 or more of these drugs include Y253F/H, E255K/V, F359V/I/C, F317L/V/I/C, and V299L [1]. The BCR-ABL1 TKI ponatinib is unique in its broad-spectrum efficacy against both unmutated and mutant forms of BCR-ABL1, including the T315I mutant [7–9]. Data from the single-arm, open-label phase 2 Ponatinib Ph+ ALL and CML Evaluation (PACE) trial (ClinicalTrials.gov identifier: NCT01207440), which was conducted in patients in

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Home Phone	[REDACTED]
Work Phone	[REDACTED]
[REDACTED]	[REDACTED]
Application for specific Board/Commission?	Advisory Commission on Public Health
What type of experience can you offer this Board/Commission?	Primary Care Pediatrician with 15 years community and academic practice; Founder and former Executive Director of national nonprofit focused on improving child health and equity (NICHQ.org); former policy lead for federal antipoverty efforts at US DHHS during Obama Administration; contact tracing during pandemic.
What type of issue would you like to see this Board/Commission address?	Social Determinants of Health, including housing, racism; focus on building protective and positive assets for children and families.
Are you involved in any other Town activities?	Former Town Meeting Member. Attend housing related committee meetings.
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	Charles Homer One Page Resume November 2021.docx

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Charles J. Homer, MD, MPH

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SELECTED WORK HISTORY

2020-2021 Case Investigator, Partners In Health MA Covid-19 Community Tracing Collaborative
2019- Executive Co-Lead, Massachusetts Child And Adolescent Health Initiative
2018- Chief Improvement Officer and Senior Advisor, Empath (Economic Mobility Pathways) Boston, MA
2015-2016 Deputy Assistant Secretary, Human Services Policy, Office Of The Assistant Secretary For Planning And Evaluation (ASPE), US Department Of Health And Human Services Washington, DC
1999-2015 Founder and Chief Executive Officer, National Institute For Children's Health Quality
1991-1999 Primary Care Physician, Comprehensive Child Health Program, Boston Children's Hospital
1986-1991 Unit Chief, Pediatrics, MGH-REVERE HEALTH ASSOCIATES Revere, MA

SELECTED NATIONAL LEADERSHIP ROLES

1998-2002 Member, United States Preventive Services Task Force:
2000-2004 Founding Chair, Steering Committee on Quality Improvement and Management, American Academy of Pediatrics:
2010-2012 Member, Institute of Medicine Child Health Measurement Committee:
2008-2010
 Member, Ambulatory Steering Committee, National Quality Forum
 Member, Hospital Outcomes and Efficiency Steering Committee, National Quality Forum
2009-2011
 Chair, Child Outcomes Measures Steering Committee, National Quality Forum
 Member Performance Measurement Expert Panel of the Commonwealth of Massachusetts' Health Care Quality and Cost Council

EDUCATION AND TRAINING

1984-1986 MPH (Epidemiology), University of North Carolina, Chapel Hill
1980-1984-Intern, Resident, Chief Resident in Pediatrics *Massachusetts General Hospital, Boston, MA*
1976-1980 M.D., *University of Pennsylvania School of Medicine, Philadelphia, PA*
1972-1976 B.A., (History) *Yale University, New Haven, CT*

SELECTED PUBLICATIONS

Smith LA, Oyeku SO, **Homer C**, Zuckerman B. Sickle cell disease: a question of equity and quality. *Pediatrics*. 2006 May;117(5):1763-70.
Homer CJ. Health Disparities and the primary care medical home: could it be that simple? *Acad Pediatr*. 2009 Jul-Aug;9(4):203-5
 Patel K, **Homer CJ**. Accountable Care Organizations in Pediatrics: Irrelevant or a Game Changer? *JAMA Pediatrics* 2013 Jun;167(6):507-8.
 Garg A, **Homer CJ**, Dworkin PH. Addressing Social Determinants of Health: Challenges and Opportunities in a Value-Based Model. *Pediatrics*. 2019 Apr;143(4). pii: e20182355. doi: 10.1542/peds.2018-2355
 Perrin J, **Homer C**, Hagen GN, Díaz-Linhart Y, Guyer J. Transforming Pediatric Primary Care: Moving From Theory To Practice In Massachusetts And Beyond. *Health Affairs Blog*. March 2, 2021 10.1377/hblog20210228.115836

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Home Phone	[REDACTED]
[REDACTED]	<i>Field not completed.</i>
Email	[REDACTED]
Application for specific Board/Commission?	Advisory Committee on Public Health
What type of experience can you offer this Board/Commission?	Board Certified Internal Medicine Physician (Ret); Masters in Public Health (Health Policy)
What type of issue would you like to see this Board/Commission address?	Pandemic preparedness, Climate change resiliency
Are you involved in any other Town activities?	Brookline MRC volunteer
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No
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MOST RECENT POSITION**Harvard T.H. Chan School of Public Health**, Boston, MA

Master of Public Health – Health Policy Program, conferred May 2020

PROFESSIONAL EXPERIENCE**Janssen Research & Development**, Titusville, NJ*Clinical Operations Head, Americas Region Medical Affairs, Global Clinical Operations* January 2009 – August 2019

Directed the planning and execution of interventional, non-interventional and real-world evidence study activities on behalf of all Johnson & Johnson Medical Affairs units in North America and Latin America. Coordinated intra and inter-regional activities with peers in Europe and Asia-Pacific, along with specialty operational leaders for Investigator Initiated studies and Managed Access programs, as part of a Global Medical Affairs Senior Leadership Team.

Ortho McNeil Janssen Scientific Affairs, Titusville, NJ*Vice President, Data Generation Division* October 2004 – December 2008

Collaborated on clinical-commercial optimization strategy with two therapeutic franchises (CNS and Internal Medicine). Directed study execution of supplemental registration filings, comparative effectiveness and differentiation studies, proof of concept and risk management programs for five Johnson & Johnson commercial operating units in the U.S. Led a unit of over 60 associates within the functional groups of Quantitative Methodology, Clinical Trial Management and Trial Methodology/Med Review, including Outcomes Research from October 2004 – April 2007.

Janssen Medical Affairs, LLC, Titusville, NJ*Executive Director, Professional Education & Compliance* October 2003 – October 2004

Led a company-wide team of scientists and associates overseeing Medical Education Programs sponsored by Janssen Medical Affairs. Responsible for Divisional Compliance and Training, including Standard Operating Procedure development and maintenance, training and audit functions to ensure compliance. Oversaw Janssen Medical Review Committee, responsible for clearance of all external scientific communications generated by members of the division. Created and oversaw the UMDNJ-Robert Wood Johnson Medical School Grand Rounds Program at Janssen.

Janssen Pharmaceutica, Inc., Titusville, NJ*Executive Director, Medical Affairs-GI* April 1999 – October 2003

Led a franchise team of 30 scientists conducting Medical Research, Professional Communication and Opinion Leader interactions for Janssen's GI Portfolio in the U.S.

Janssen Research Foundation, Titusville, NJ*Group Director, Medical Development* August 1996 – March 1999

Led medical research study teams supporting supplemental indications or optimal clinical use with Janssen U.S. marketed products.

Sandoz Pharmaceuticals Corporation, East Hanover, NJ*Executive Director, Medical Services* September 1994 – August 1996

Responsible for all professional and scientific communications with Sandoz marketed products in the U.S. Managed a department of approximately 20 physicians, scientists, and other associates. Medical Director for U.S. Phase IV research; Co-chairman of Medical-Legal review committee for all promotional and in-label materials for U.S. market distribution.

Sandoz Pharmaceuticals Corporation, East Hanover, NJ*Director, Clinical Research* July 1989 – September 1994

Served as Program and Study responsible director in the Cardiovascular/Diabetes Clinical Research department of the Sandoz Research Institute. Key contributor to the US registration filing for fluvastatin sodium. Appointed as Departmental Deputy Director, 1993-94.

9.B.

Newark Community Health Centers, Inc. (NCHC), Newark, NJ

Staff Physician

July 1987 – June 1989

Staff Physician at a community health center located near an underserved population residing in public assistance and senior citizen housing projects. Attending Physician, Department of Medicine and Member, AIDS Task Force, Newark Beth Israel Medical Center; Teaching Attending for Internal Medicine residents from UMDNJ-New Jersey Medical School.

Beth Prime Care, Newark Beth Israel Medical Center, Newark, NJ

Staff Physician

October 1985 – June 1987

Staff Physician at Primary Care Practice Model sponsored by a tertiary care hospital located in a critical physician shortage area. Attending Physician, Newark Beth Israel Medical Center and Teaching Attending for Internal Medicine residents from UMDNJ-New Jersey Medical School.

Mountainside Hospital, Montclair, NJ

Instructor in Medicine

July 1984 – October 1985

Staff Physician within the Department of Medicine and Instructor for the hospital's Internal Medicine Residency Program and Teaching Service Attending Physician.

PROFESSIONAL AWARDS AND RECOGNITION

FDA Center for Drug Evaluation and Research: Center Director's Special Citation Award for the Cisapride Limited Access Program

November 2001

Janssen MERITUS award for Significant Achievement

June 2001

J&J Global Standards of Leadership Awards

2006, 2007, 2008

Janssen Standards of Leadership Award

2001

Janssen Achievement Awards

2000, 1999 (2), 1997 (2)

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Medical Doctor Licensure (Active), NJ Board of Medical Examiners (#25MA04437100)

American Board of Internal Medicine (#098100); certification date: September 12, 1984

POST-GRADUATE TRAINING

University of Massachusetts Medical Center, Worcester, MA

Resident

July 1981 – June 1984

Completed a full three-year Primary Care Internal Medicine residency program

EDUCATION

UMDNJ-Robert Wood Johnson Medical School, Piscataway, NJ

Degree: M.D., 1981

Honors: Elected to Alpha Omega Alpha, Medical Honor Society

Rutgers College, New Brunswick, NJ

Degree: A.B., 1977 in Microbiology

Honors: Dean's List, seven of eight semesters

S. Oakley Van Der Poel Award in Medical Microbiology

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Mon 1/10/2022 4:56 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	James M Perrin
Address	[REDACTED]
[REDACTED]	[REDACTED]
Work Phone	<i>Field not completed.</i>
Email	[REDACTED]
Application for specific Board/Commission?	Advisory Council on Public Health
What type of experience can you offer this Board/Commission?	Pediatrician with long involvement in clinical care and in organization and financing of child/adolescent health services. Participation in several national and state boards of relevance. Member, National Academy of Medicine. Former president, American Academy of Pediatrics; exec committee, Massachusetts Child and Adolescent Health Initiative
What type of issue would you like to see this Board/Commission address?	Improving health and wellbeing of children and young families - assuring all have access to care and preventive services.
Are you involved in any other Town activities?	No
Do you have time constraints that would limit your ability to attend one to two meetings a month?	Occasional travel for other meetings
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	Brief bio 2022.doc

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9.B.

James M. Perrin, MD, FAAP

James M. Perrin, MD, is professor of pediatrics at Harvard Medical School and associate chair of pediatrics at the MassGeneral Hospital for Children. He holds the John C. Robinson Distinguished Chair in Pediatrics at the MGH. Past director of the MGHfC Division of General Pediatrics, he also founded the MGH Center for Child and Adolescent Health Policy and its associated research fellowship program and directed the center for over 15 years. He is past president of the American Academy of Pediatrics, former chair of its Committee on Children with Disabilities, and past president of the Ambulatory (Academic) Pediatric Association. For the American Academy of Pediatrics, he also co-chaired a committee to develop practice guidelines for attention deficit hyperactivity disorder and then a group advising the AAP on the implementation of the guidelines; he co-chaired the Task Force on Pediatric Practice Change. His research has examined asthma, middle ear disease, children's hospitalization, health insurance, and childhood chronic illness and disabilities. He has published over 250 research papers, chapters, and commentaries. His research has been funded by MCHB, NIH, RWJ, Milbank, AHRQ, and Autism Speaks, among others. For 10 years, he headed the Clinical Coordinating Center (based at the MGH) for the national Autism Speaks Autism Treatment Network and directed the federally-funded Autism Intervention Research Network on Physical Health, a multisite collaborative aiming to improve evidence-based health care for children and adolescents with autism spectrum disorders. He also directed the Evidence Working Group reporting to the Maternal and Child Health Bureau for the Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. Dr. Perrin was the founding editor of Academic (Ambulatory) Pediatrics, the journal of the Academic Pediatric Association, which he led for 10 years.

Dr. Perrin is an elected member of the National Academy of Medicine, a member of the National Academies of Sciences Board on Children, Youth, and Families, and has served on many Institute of Medicine committees on maternal and child health, health care reform, health care quality, long-term care, disability, and children's mental health. He was a member of the National Commission on Childhood Disability and the Disability Policy Panel of the National Academy of Social Insurance. His experience includes two years in Washington working on rural primary care development and migrant health. After his fellowship at the University of Rochester, he developed and ran a rural community health center in farming communities between Rochester and Buffalo.

He received a Robert Wood Johnson Foundation Investigator Award in Health Policy Research. He also served as a member of the National Advisory Council for the Agency for Healthcare Research and Quality. A graduate of Harvard College and Case Western Reserve University School of Medicine, he had his residency and fellowship training at the University of Rochester and has also been on the faculties of the University of Rochester and Vanderbilt University, where he had appointments in pediatrics and public policy.



TRUSTEES OF WALNUT HILLS

MEMBERS:

Gerald Hayes	(2023)*
Peggy McGuire	(2024)*
Vacancy	(2025)
Randolph Meiklejohn	(2023)* filled a vacancy that ended 2017
Lisa Faber	(2025)* filled a vacancy ended 2018
Joslin Ham Murphy	(2024)*
Vacancy	
Vacancy	

Last appointments made on March 3, 2020

Robert Cook steps down March 2022

*If reappointed on March 8, 2022